

Name  
in  
Full

Mary Arrah Amanda Ahalt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

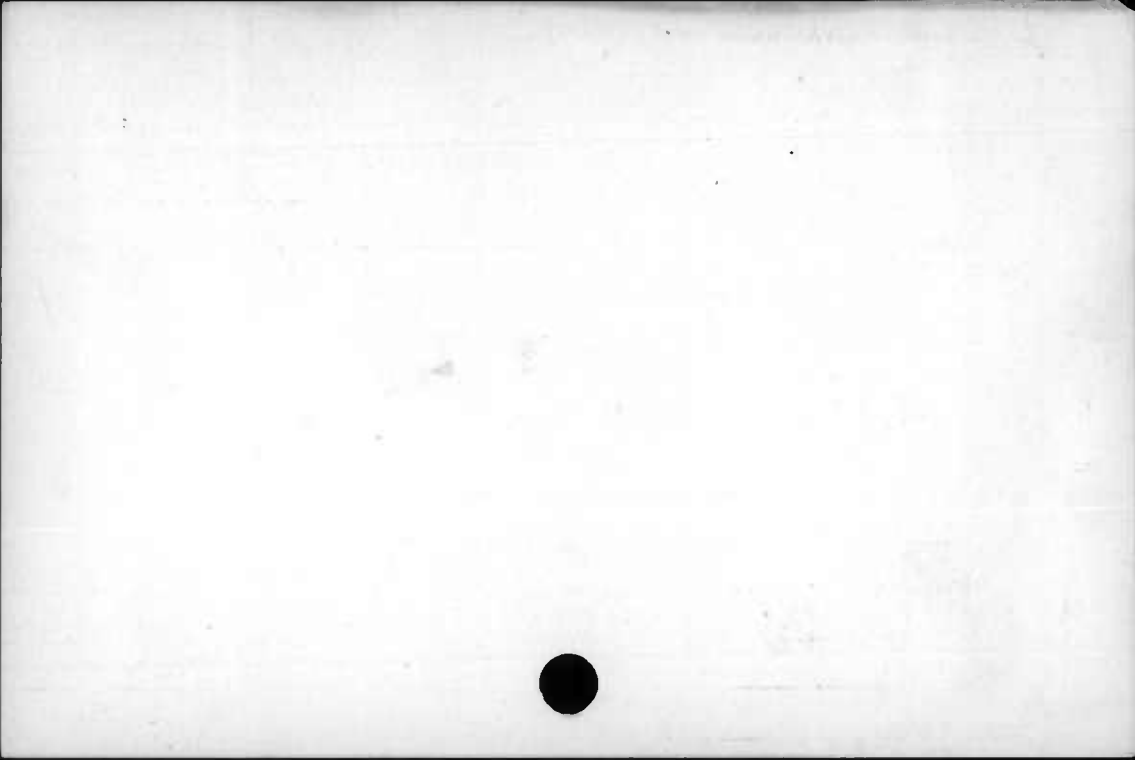
Died at <i>Broad Run</i> <sup>Town</sup>		<i>Fried.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908</i> <sup>Month</sup>	<i>Aug.</i> <sup>Day</sup>	<i>29</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>	<i>27</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fried. Co.</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Samuel Ahalt</i>	Father's Birthplace <i>Broad Run</i>		Mother's Birthplace <i>Broad Run</i>		
Mother's Maiden Name <i>Julia Slifer</i>	How related to deceased <i>Father</i>				
Name of person giving information <i>Samuel Ahalt</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. - Yarnes</i>
	Address <i>Burkittsville</i>
	<i>Maryland</i>
Accident or Suicide?	



Name  
In  
Full

Errol May

Ayers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

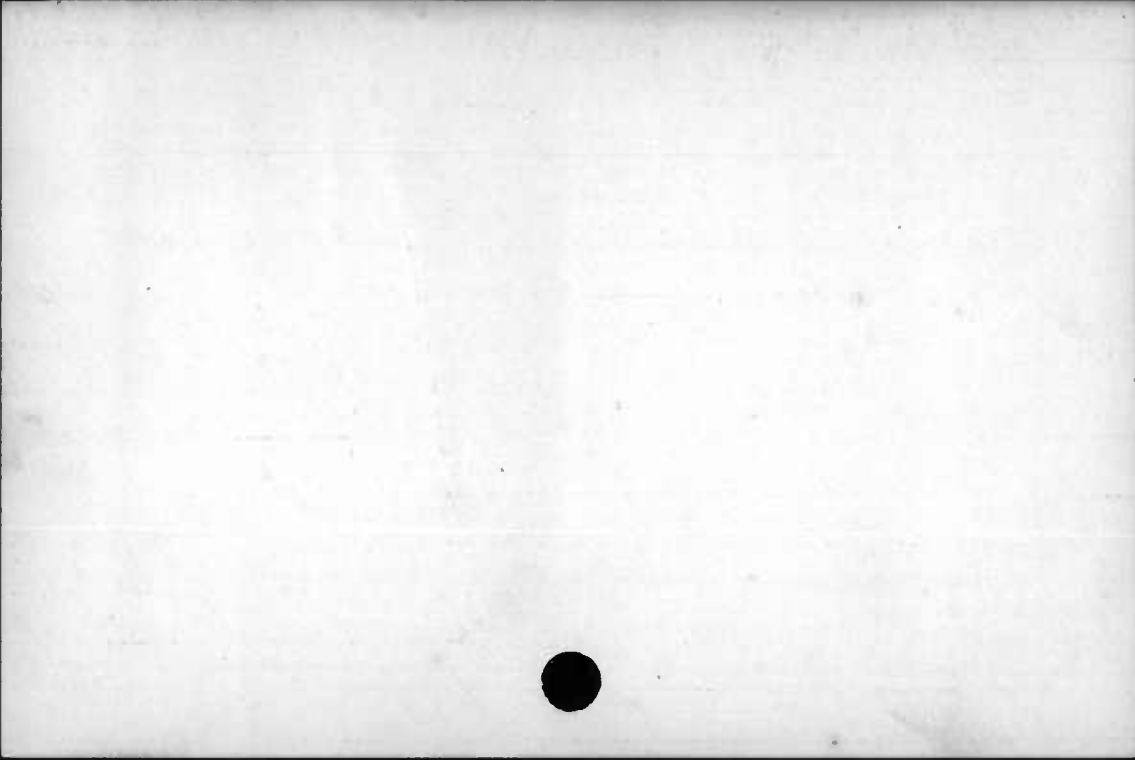
Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Aug	8	3		6	
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single				-			
Father's Name				Father's Birthplace			
H. N. Ayers				Va			
Mother's Maiden Name				Mother's Birthplace			
Ellie Wood				Md			
Name of person giving information				How related to deceased			
H. N. Ayers				Father			

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary		How long	
Burned on "4" the body		8 days	
Immediate		How long	
Petanus - Ranas, etc. - Cyanosis		1 1/2 days -	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. W. R. C. M. M. D.	
		Address	
		1 Brunswick, Md.	
Accident or Suicide?			



Name  
in  
Full

Edna Marie Baker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

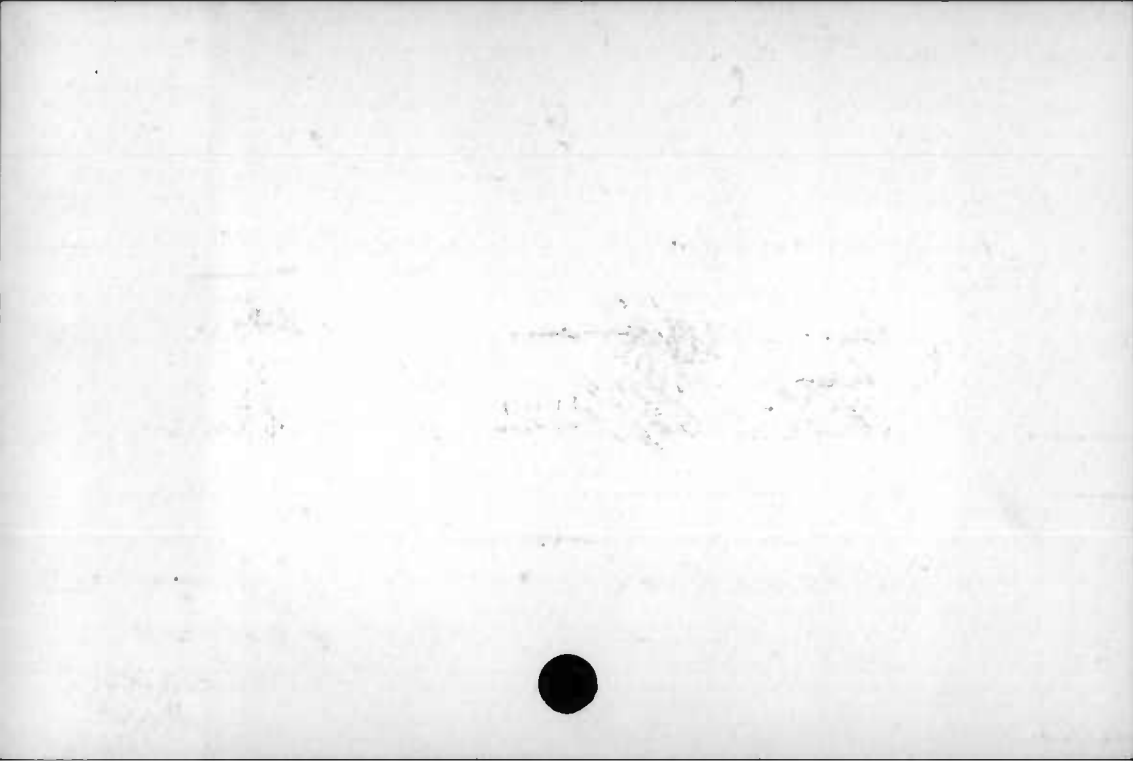
Died at <i>Thurmont</i> Tcwn		<i>Frederick</i> County		MARYLAND	
Date of death	1908	Month	Aug	Day	9
Age	0	Years	3	Months	5-
Sex	Female	Color or Race	White	Birth-place	Frederick Co. Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Samuel Baker.			Father's Birthplace	Pa
Mother's Maiden Name	Lottie Slasner.			Mother's Birthplace	"
Name of person giving information	Lottie Baker.			How related to deceased	Mother.

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Dysenteria</i>	How long	<i>2 days</i>
Immediate	<i>Cerebral Angerteria</i>	How long	<i>13 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. E. K. Bauer</i>
		Address	<i>Thurmont Md</i>
Accident or Suicide?			



Name  
in  
Full

James Frank Bond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

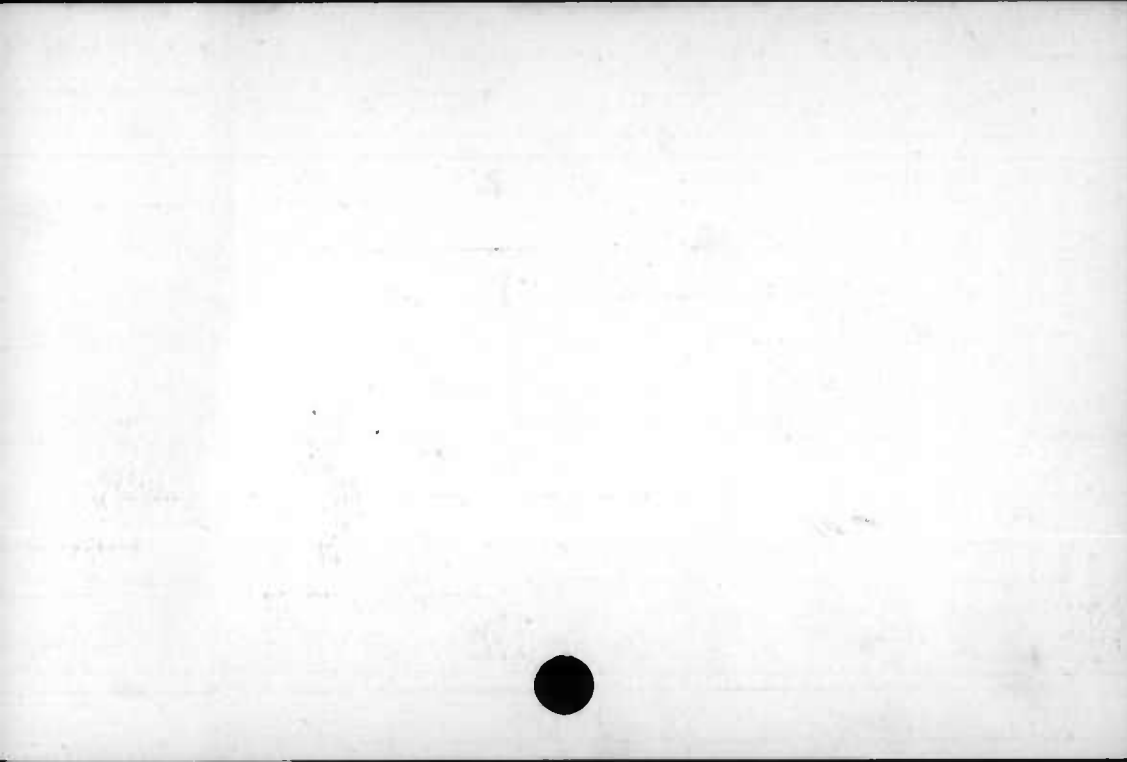
Died at		Town Monticello		County Frederick		MARYLAND	
Date of death	1908	Month 8	Day 23	Age 36	Years	Months —	Days 16
Sex	Male		Color or Race	White		Birth- place	Laurel Md
Occupation	Clerk			Where Residing if not at place of death		Laurel Md	
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Albin M Bond			
Father's Birthplace				Laurel Md			
Mother's Maiden Name				Jemima T Hitchcock			
Mother's Birthplace				Laurel Md			
Name of person giving Information				David M Fisher			
How related to deceased				Brother in Law			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	1 year
Immediate	Exhaustion		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		Frederick Md		
Accident or Suicide?				





Name  
in  
Full

Melvin Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>8<sup>th</sup></i>	Day <i>2<sup>nd</sup></i>	Age <i>28</i> <sup>Years</sup>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place		
Occupation <i>Labourer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>m.</i>	Name of Wife or Husband <i>Ella Proctor</i>				
Father's Name <i>Harry Brown</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Evelyn Butcher</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>J. M. O'Leary</i>	How related to deceased <i>none</i>				

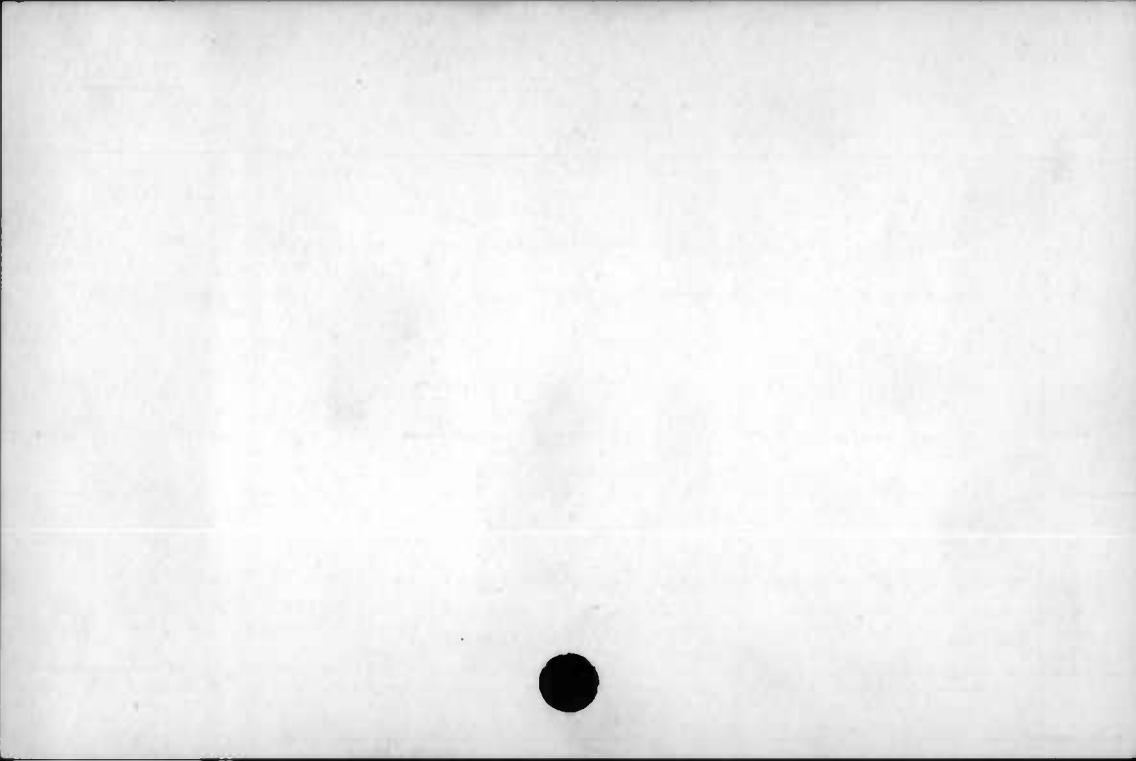
## CAUSES OF DEATH

How long *3 weeks*Primary *Typhus abdominalis*Immediate *Excessive diarrhoea, hemorrhage - Exhaustion* How long *Several days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *U. G. Bourne, M.D.*Address *Frederick, md.*

Accident or Suicide?



Name  
in  
Full

Ellen G. Butler

## CERTIFICATE OF DEATH

Town

Died at Frederick

County

Frederick

MARYLAND

Date

of death 1908

Month

8

Day

19

Age

Years

50

Months

5

Days

—

Sex

Female

Color or  
Race

Black

Birth-  
place

Md

Occupation

House Wife

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Abraham Butler

Father's  
Name

Henson &amp; Duffin

Father's  
Birthplace

Md

Mother's  
Maiden Name

Maria Talbest

Mother's  
Birthplace

"

Name of person giving  
In formation

Mrs. Grason Larkin

How related  
to deceased

Daughter

## CAUSES OF DEATH

27

Primary

Chronic Tuberculosis

How long

1 Year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

C. F. Gordon M.D.

Address

Frederick Md

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Internment Aug 21 - 08  
" at Greenmount  
Thomas P. Rice

Dr Goodell

Dr Mc Gurdy

Name  
in  
Full

Albert Cashour

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *New London* <sup>Town</sup>*Frederick* <sup>County</sup>

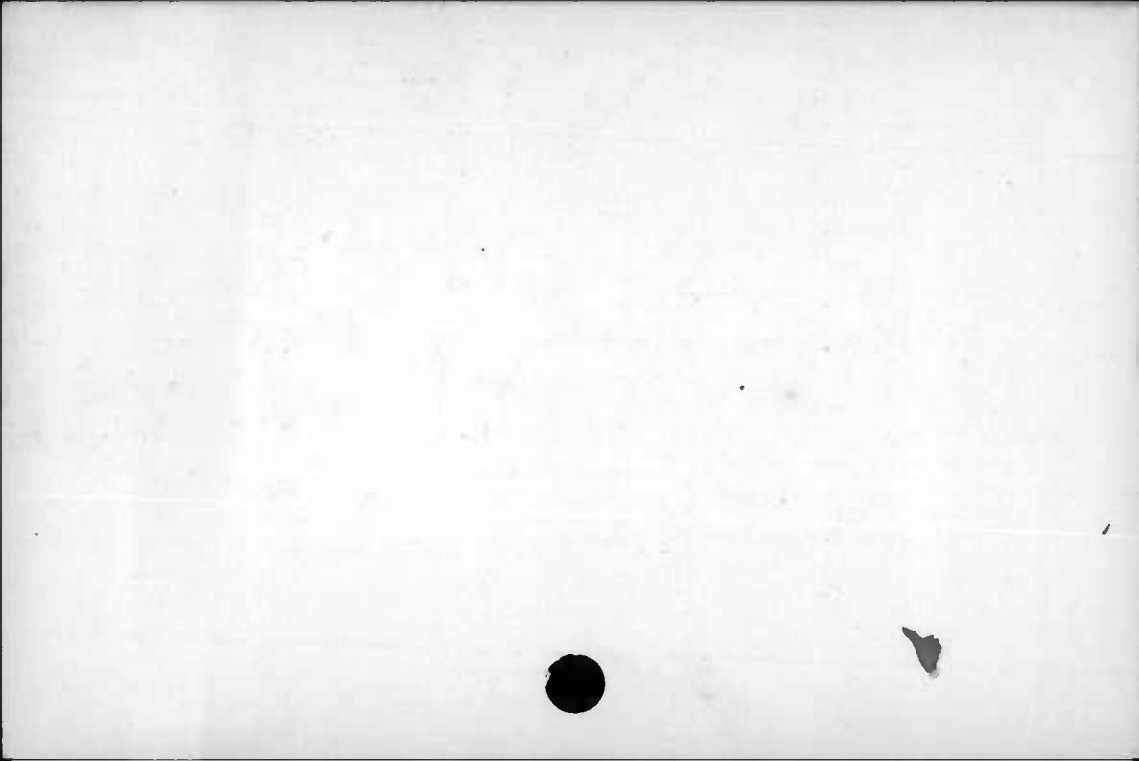
MARYLAND

Date of death *1908* <sup>Month</sup> *Aug* <sup>Day</sup> *15* <sup>Age</sup> *64* <sup>Years</sup> *3* <sup>Months</sup> *27* <sup>Days</sup>Sex *Male* Color or Race *White* Birth-place *Frederick co*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Ida L. Butth*Father's Name *William Cashour* Father's Birthplace *Frederick co*Mother's Maiden Name *Martha Albaugh* Mother's Birthplace *Frederick co*Name of person giving information *Edward Cashour* How related to deceased *Brother*

## CAUSES OF DEATH

**64**Primary *Arterio-sclerosis* How long *About 2 yrs*Immediate *Cerebral Hemorrhage* How long *12 hrs.*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Geo B. Howe*Address *Liberty Town, Md.*

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fredricks</u> <sup>Town</sup>		<u>Fredricks</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>8</u> <sup>Month</sup> <u>Aug</u> <sup>Day</sup> <u>8</u>		Age <u>—</u> <sup>Years</sup>		<u>—</u> <sup>Months</sup> <u>—</u> <sup>Days</sup>	
Sex <u>M</u>		Color or Race <u>C.</u>		Birth-place <u>W.D.</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Charles Coates</u>		Father's Birthplace <u>W.D.</u>			
Mother's Maiden Name <u>Rosa</u>		Mother's Birthplace <u>W.D.</u>			
Name of person giving Information <u>Russie Sparks</u>		How related to deceased <u>None</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Arteriosclerosis (5 yrs)</u>	How long	<u>1571</u>
Immediate	<u>Thrombosis</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. M. Curdy</u>	
		Address <u>Fredricks</u>	
Accident or Suicide <u>—</u>			





Name  
in  
Full

Emma Myrtle Coffman

## CERTIFICATE OF DEATH

Town

County

Died at Thurmont

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908 Aug.

Age

24

10

10

Sex

Female

Color or  
Race

White

Birth-  
place

Ind

Occupation

House Keeper

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

J. C. Coffman

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Susan Lohr

Mother's  
BirthplaceName of person giving  
Information

David Coffman

How related  
to deceased

Uncle

## CAUSES OF DEATH

34

Primary

General Tubercular

How long

5-yrs.

Immediate

Septic Infection

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Morris A. Drury

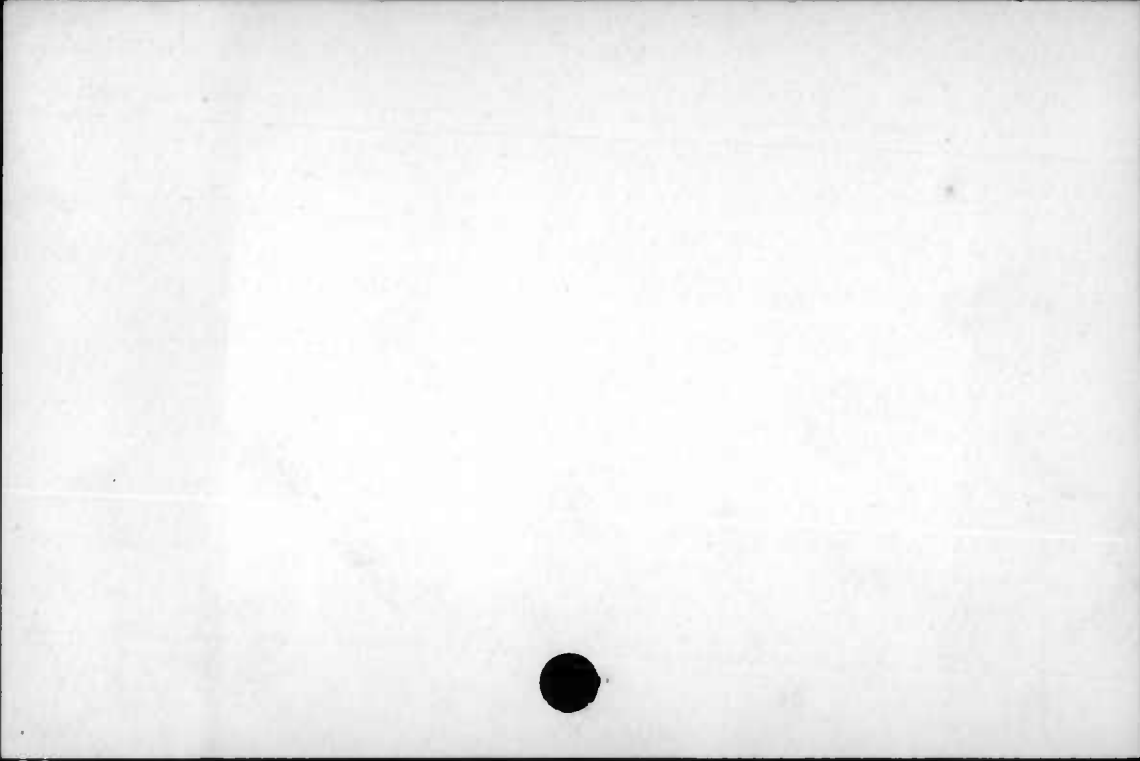
Address

Thurmont &amp;

Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		Aug.	19th	Age 36	4	20	
Sex	Female	Color or Race	Colored	Birth-place	Maryland		
Occupation	Cook			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Wm. Breig			Father's Birthplace		
					Maryland		
Mother's Maiden Name		Fannie Ashby			Mother's Birthplace		
					" "		
Name of person giving Information		How related to deceased					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Valvular lesions of heart		How long	1 hr.
Immediate	syncope & failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	A. G. Lamon
			Address	Middletown
				Md
Accident or Suicide				

21



Name in Full

Certificate of Death

George Washington Crum

Town

County

Died at

MARYLAND

Date 1908

Month Day

Y. M. D.

Native of

Occupation

Aug 29 Age 60 5 13 Maryland Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 0

Husband of

Harriet Crum

Father's

Name

Adam C. Crum

Mother's

Maiden Name

Matilda Keiser

Cause of

Primary

Hypertension

Immediate

Heart Failure

How long sick

3 days

Accident, Suicide, Homicide

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs Albert Diehl

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

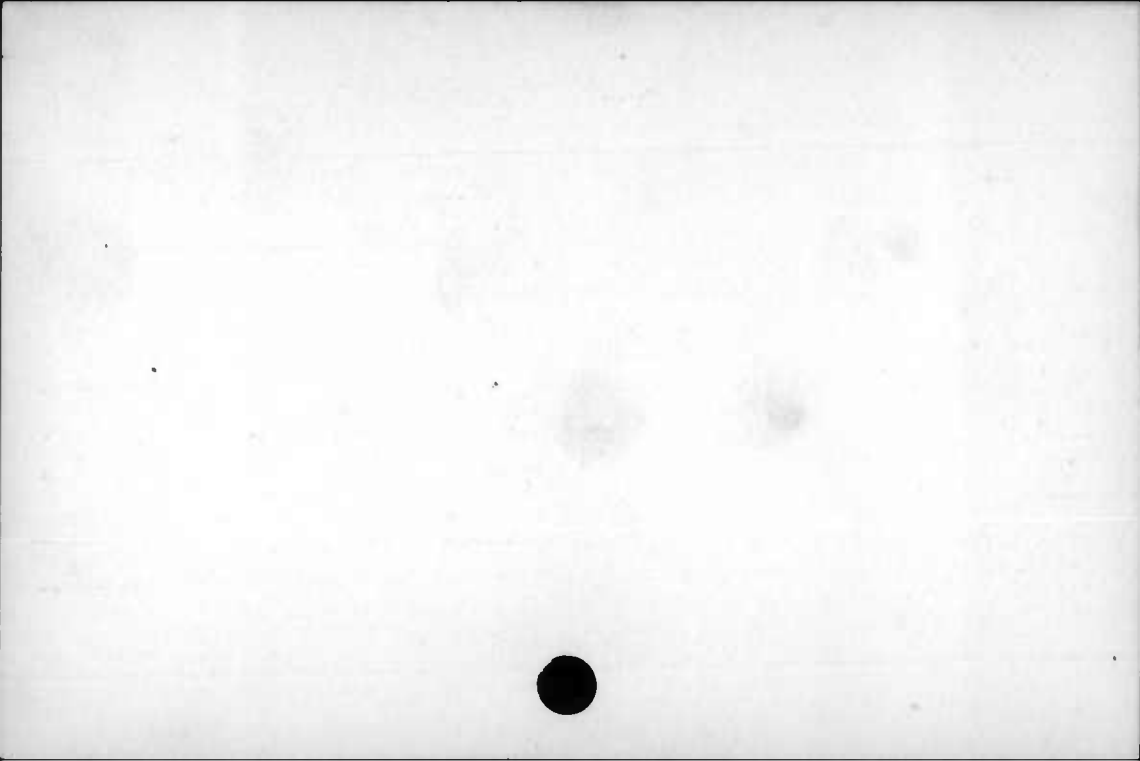
Died at <u>Frederick</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	Month <u>Aug.</u>	Day <u>26</u>	Age <u>82</u>	Months <u>3</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Germany</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>at place of death</u>			
Married, Single or Widowed <u>Widow</u>	Name of <del>Wife or</del> Husband <u>Albert Diehl</u>				
Father's Name <u>Jno G. Westphal</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Charlotte Kate</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>F. W. E. Diehl</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <u>Senility</u>	How long <u>6 years</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Labruce</u>
	Address <u>230 Church St</u>
Accident or Suicide? <u>neither</u>	<u>Frederick Md</u>





Margaret Eleanor Dill

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Piggs Peninsula</i>		Town <i>Jamsville Md</i>		County <i>Frederick</i>			
Date of death	<i>1908</i>	Month	<i>8</i>	Day	<i>18</i>	Age	<i>83</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Frederick Co. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at Frederick Md.</i>					
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Lewis H. Dill</i>					
Father's Name <i>John Houck</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Eleanor Burgess</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs Joshua Dill</i>		How related to deceased <i>Daughter in law</i>					

## CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Mania</i>	How long	<i>5 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>5 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>George H. Riggs Md</i>	
<i>yes</i>		Address <i>Jamsville Md.</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Thomas C Shillon*

Died at *Middleton* <sup>Town</sup> *Thred* <sup>County</sup> *MARYLAND*

Date of death *1908* <sup>Month</sup> *Aug* <sup>Day</sup> *18* Age <sup>Years</sup> *4* <sup>Months</sup> *18* <sup>Days</sup> *14*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Wm C Shillon* Father's Birthplace *Ind*

Mother's Maiden Name *Brytha M Lighter* Mother's Birthplace *Ind*

Name of person giving information *Wm C Shillon* How related to deceased *Father*

CAUSES OF DEATH

**179**

PHYSICIAN  
OR CORONER

Primary *Malasmmus* ☒ How long *—*

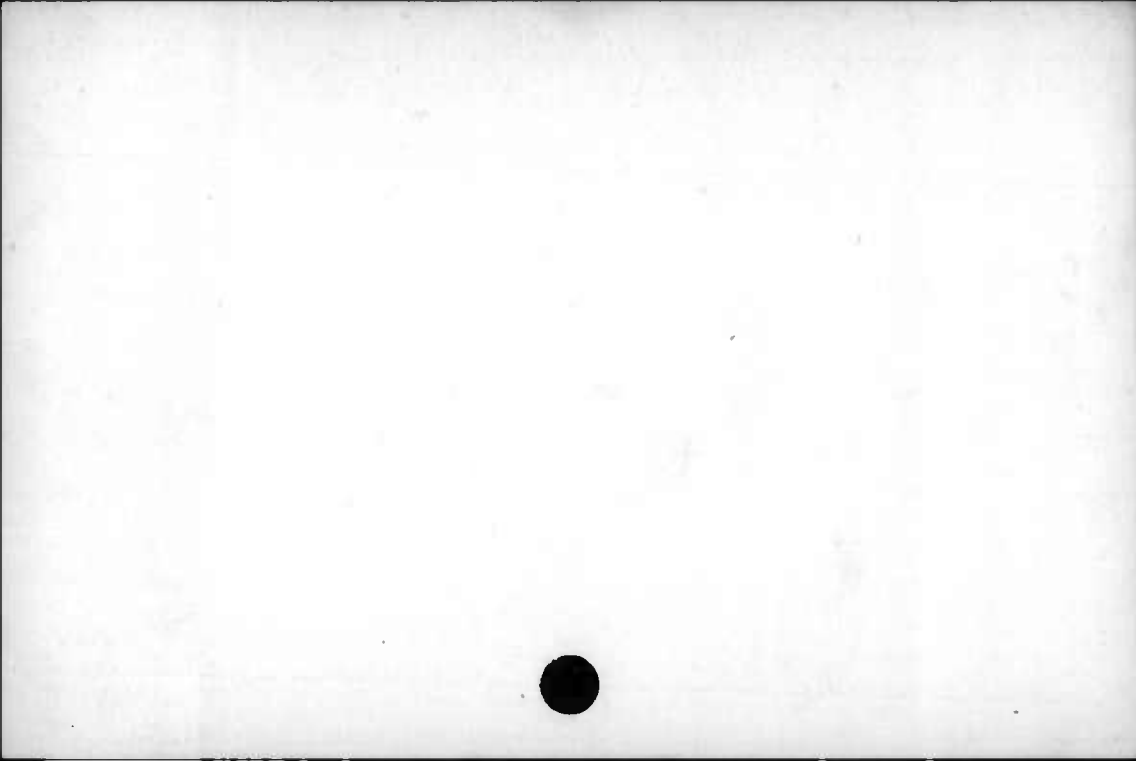
Immediate *Malasmmus* How long *—*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *J. M. Preete*

Address *Undertaker*

Accident or Suicide? *—*



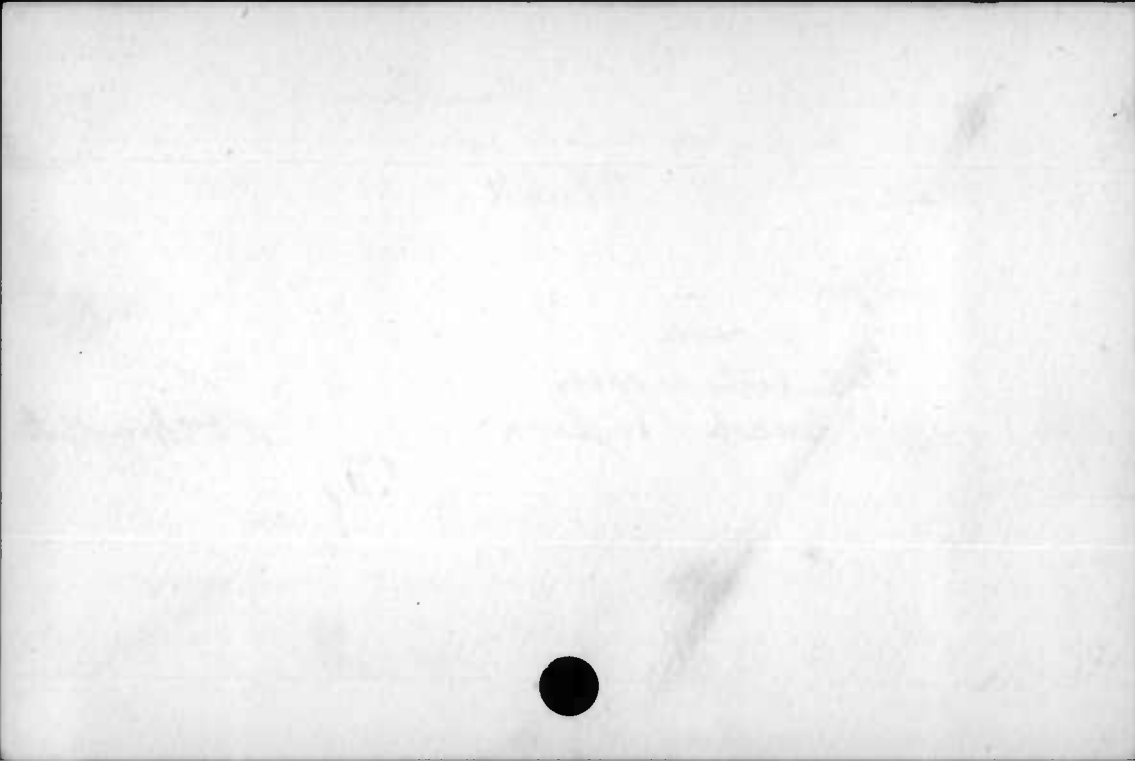
Name  
in  
Full14  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name *Ansie M. Dorsey*  
 Died at *Baitholows* <sup>Town</sup> *Frederick* <sup>County</sup> **MARYLAND**  
 Date of death *1908 Aug 13* <sup>Month</sup> <sup>Day</sup> <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>  
 Sex *Female* Color or Race *Black* Birth-place *Md*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed *single* Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Dorsey* Father's Birthplace *unknown*  
 Mother's Maiden Name *Elisabeth Dorsey* Mother's Birthplace *Md*  
 Name of person giving information *Jacob Tyler* How related to deceased *Grandfather*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid Fever* How long *10 days*  
 Immediate *Cardiac Asthenia* How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H. H. Hopkins M.D.*  
 Address *New Market Md*  
 Accident or Suicide? *no*



Name  
in  
Full

Webster Dorsey

15.

CERTIFICATE OF DEATH

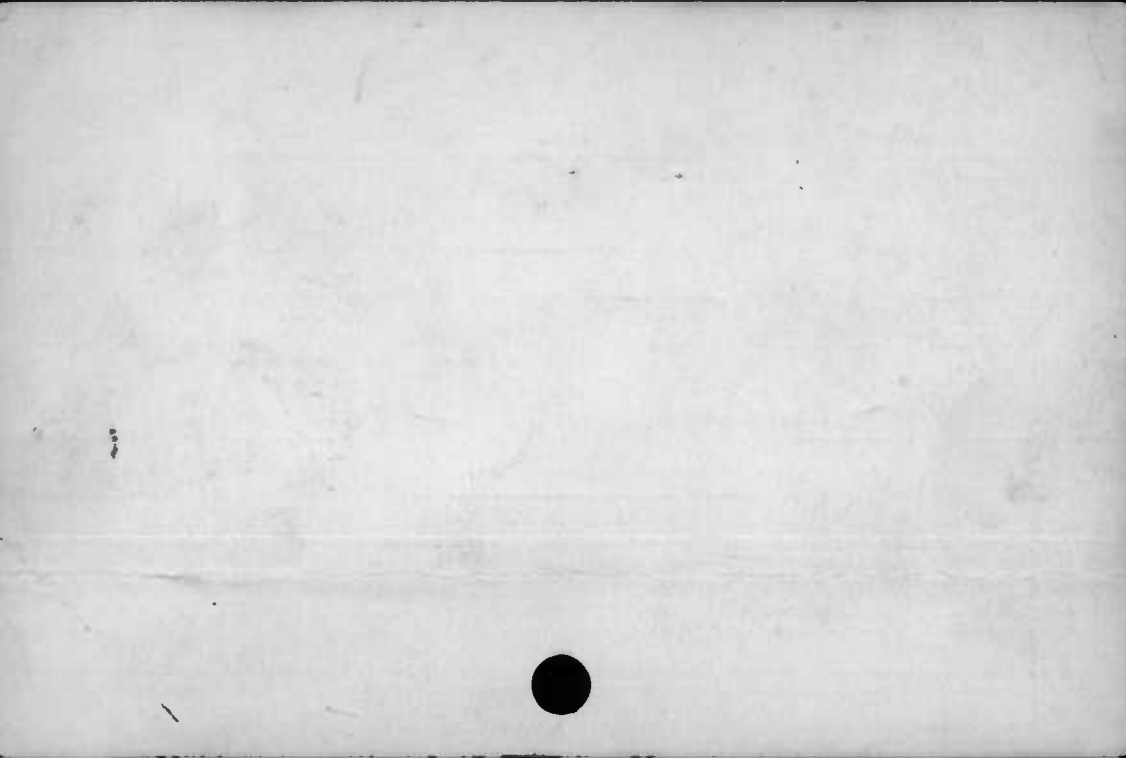
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>Aug.</i>	Day <i>13</i>	Age <i>14</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind.</i>		
Occupation <input checked="" type="checkbox"/>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Dorsey</i>		Father's Birthplace			
Mother's Maiden Name <i>Elizabeth Dorsey</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Jacob Tyler</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

①

PHYSICIAN OR CORONER	Primary <i>Typhoid Fever</i>	How long <i>Three weeks</i>	
	Immediate <i>Ashtenia</i>	How long <i>Immediate</i>	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>B. D. Thomas M.D.</i>	
		Address <i>Frederick Ind.</i>	
	Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Barbara Ellen Early</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>8</i>		Day <i>6</i>		Years <i>—</i>	
Date of death <i>1908</i>		Month <i>8</i>		Days <i>26</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Frederick Co Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph Early</i>				Father's Birthplace <i>Frederick Co Md</i>			
Mother's Maiden Name <i>Ada Holman</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>W H Miner</i>				How related to deceased <i>Employer</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>4 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm M Smith</i>	
		Address <i>Frederick Md</i>	
Accident or Suicide			



# CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

Died at Tempeburg Dist. Fredrick County

## MARYLAND

Date of death	Month	Day	Age	Years	Months	Days
1904	Aug	13		7	5	13

Sex	Male	Color or Race	White	Birth-place	Ca
-----	------	---------------	-------	-------------	----

Occupation	None	Where Residing if not at place of death	Teminitong Dr
Married Single	Single	Name of Wife or	

Married Single or Widowed	<u>Singh</u>	Name of Wife or Husband
------------------------------	--------------	----------------------------

Father's Name Ralph E. Jones

Father's Birthplace

Mother's  
Maiden Name *Blount E. Meier*

Mother's Birthplace *md*

Name of person giving information Blonde White

How related to deceased *Mother*

## CAUSES OF DEATH

166

Primary Injury to head

How long \_\_\_\_\_

Immediate *[Signature]* 6/11/68

How long 12 hrs

Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician *B. J. J. J. J.*

Address

Accident or Suicide? *Accident*

(over)                      ma

Was kicked by a colt on right temple, death due  
to concussion of the brain some hours after.

Name  
in  
Full

CERTIFICATE OF DEATH

Samuel Eyster

Town

County

MARYLAND

Died at

Emmitsburg

Fried-

Date

Month

Day

Years

Months

Days

of death 1908 Aug

24. Age 66

6 3

Sex

male

Color or  
Race

White

Birth-  
place

MD

Occupation

Watch Maker

Where Residing if not  
at place of death

Emmitsburg MD

Married, Single  
or Widowed

Name of Wife or  
Husband

Unobtainable

Father's  
Name

Andrew Eyster

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Lavinia McHair

Mother's  
Birthplace

MD

Name of person giving  
In formation

H. W. Eyster

How related  
to deceased

Brother

CAUSES OF DEATH

120

Primary

Chronic Bright's Disease

How long

5 years

Immediate

Nephritis

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. W. Eyster

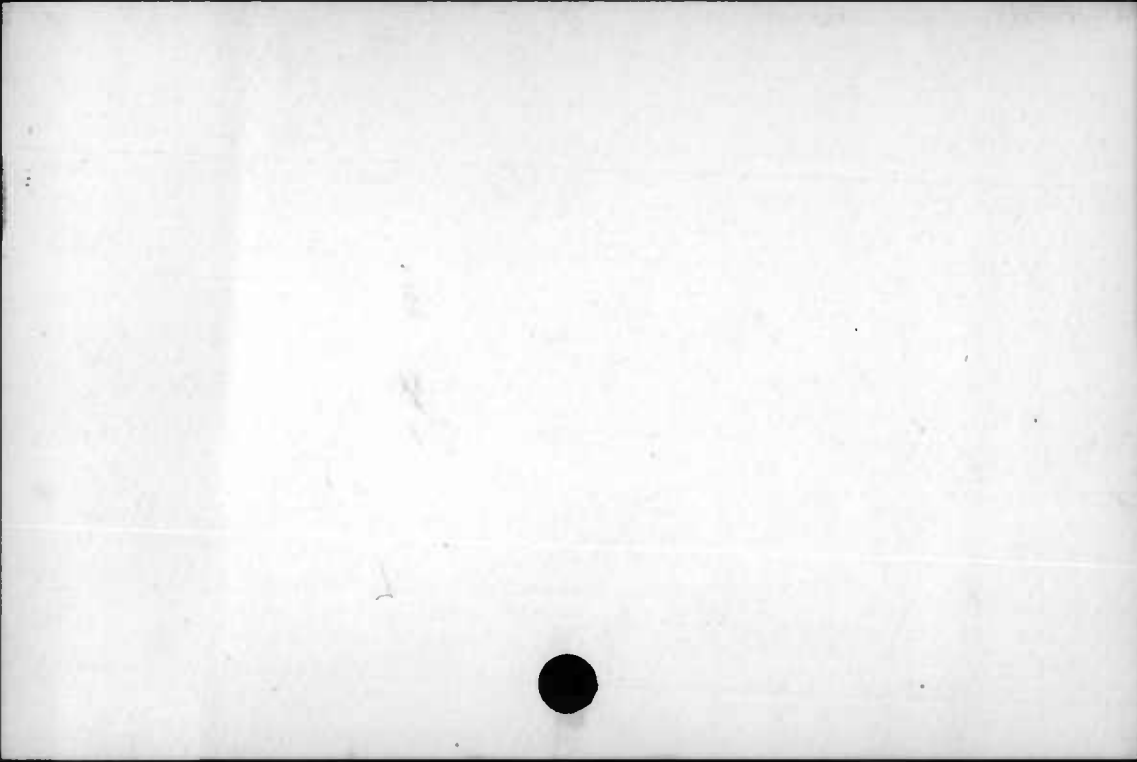
Address

Emmitsburg  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

William L Kenneth Engleman

## CERTIFICATE OF DEATH

Died at

Johnsville

Town

Frederick

County

MARYLAND

Date

of death

8 Aug.

Month

Day

5

Age

Years

Months

4

Days

23

Sex

Male

Color or  
Race

White

Birth-  
place

Baltimore

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

William David Engleman

Father's  
Birthplace

Ohio

Mother's  
Maiden Name

Maude P. Foye

Mother's  
Birthplace

Frederick Co.

Name of person giving  
information

William D. Engleman

How related  
to deceased

Father

## CAUSES OF DEATH

105

Primary

Enterocolitis with Central hypokinesia

How long

3 or 4 days

Immediate

Coma

How long

several hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

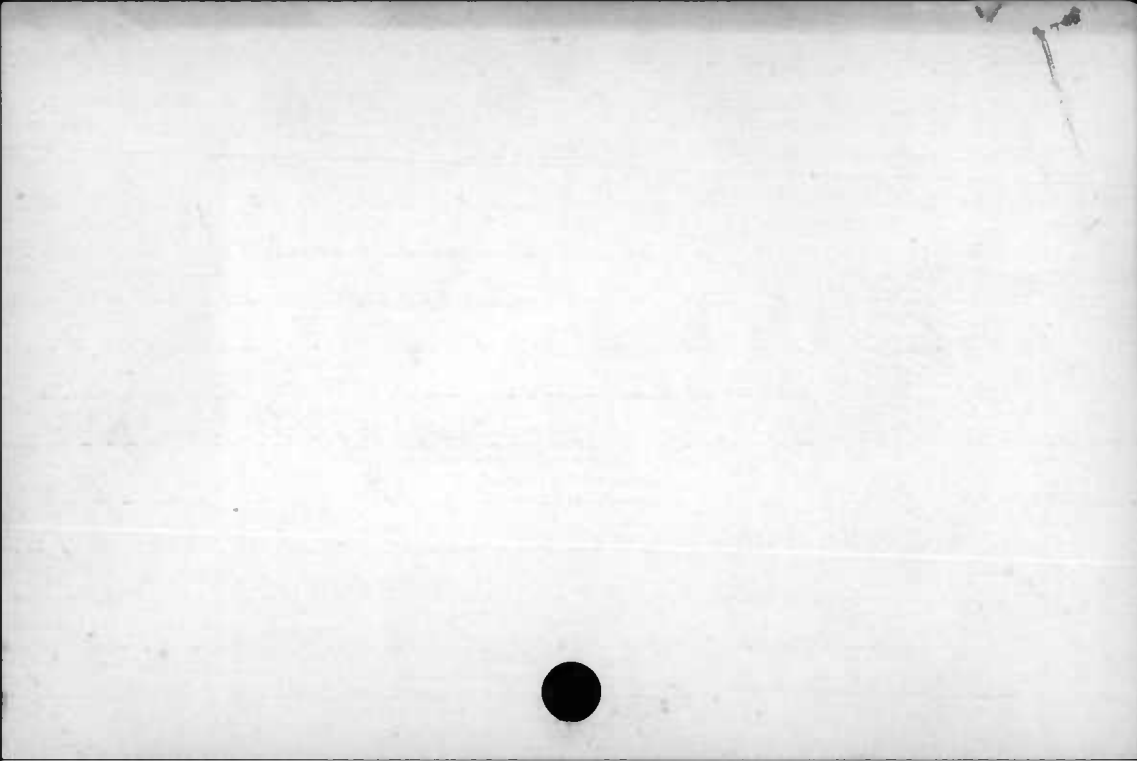
F. H. Sidwell

Address

Johnsville, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Dewees, Carson

Fisher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Unionville* Town*Frederick* County

MARYLAND

Date of death 1908 August 27

Age 18

Months

Days

Sex *Male*Color or  
Race*African*Birth-  
place*Maryland*Occupation *None*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
Husband*Has none*Father's  
Name*Edward Fisher*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Martha J. Coats*Mother's  
Birthplace*Md.*Name of person giving  
In formation*Edward Fisher*How related  
to deceased*Father*

## CAUSES OF DEATH

(27)

Primary

*Tuberculosis*

How long

*about 18 months*

Immediate

*Exhaustion*

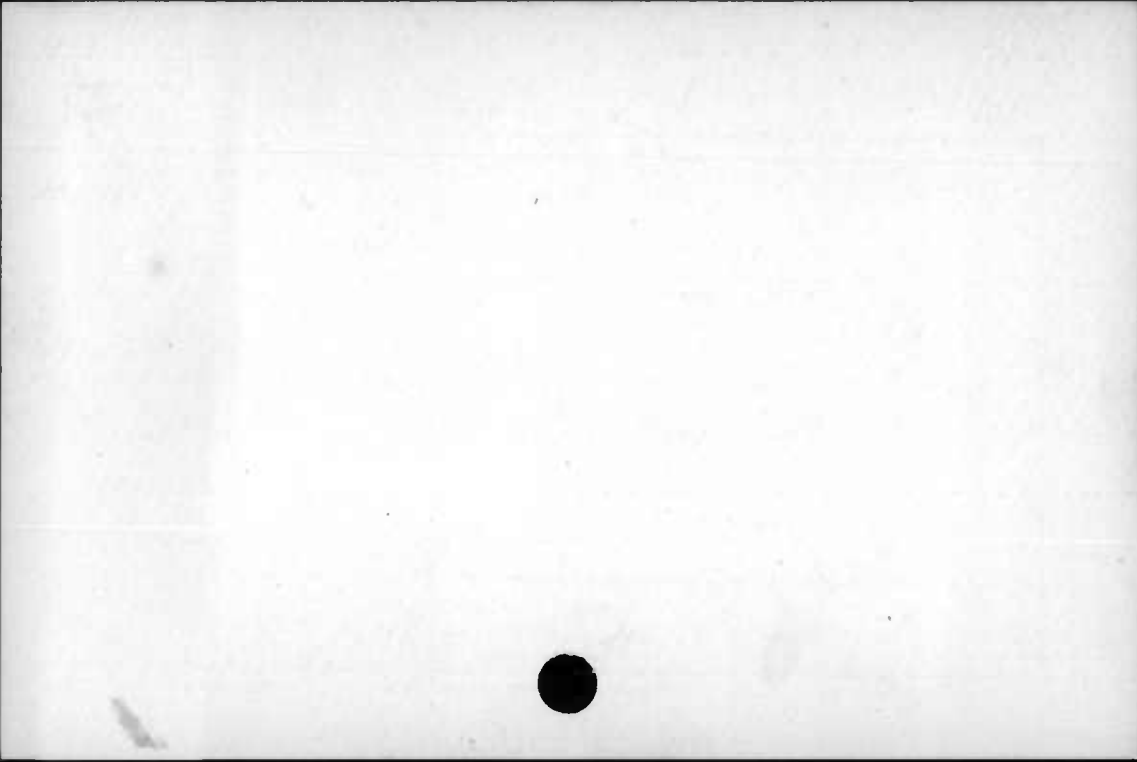
How long

*" 2 weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Sappington + Pearne*

Address

*Unionville**Maryland*

Accident or Suicide?



Name  
in  
Full

Jesse G. Fox

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>McKaig</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>5</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days <i>7</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Fredk Co., Md.</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				<i>Chas. M. Fox -</i>		Father's Birthplace	
Mother's Maiden Name				<i>Mamie Sheetenhelm</i>		Mother's Birthplace	
Name of person giving In formation				<i>Bernard Sheetenhelm</i>		How related to deceased	
						<i>Uncle</i>	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Acute Entero-Colitis</i>	How long	<i>One week</i>
Immediate	<i>Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. Neidux, M.D.</i>
		Address	<i>Fredrick, Md.</i>
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

*William W. Gardner*

MARYLAND

Died at *Old Fields* Town

*Frederick* County

Date of death *1908* Month *August* Day *1*

Age *30* Years Months *2* Days *21*

Sex *Boy*

Color or Race *Colored*

Birth-place *Old Fields*

Occupation

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *William H. Gardner*

Father's Birthplace *New London*

Mother's Maiden Name *Lottie Luffin*

Mother's Birthplace *Old Fields*

Name of person giving information *Will Gardner*

How related to deceased *Father*

CAUSES OF DEATH

**10**

Primary *La grippe*

How long *Week*

Immediate *Pneumonia*

How long *Two days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Saffington & Pearce*

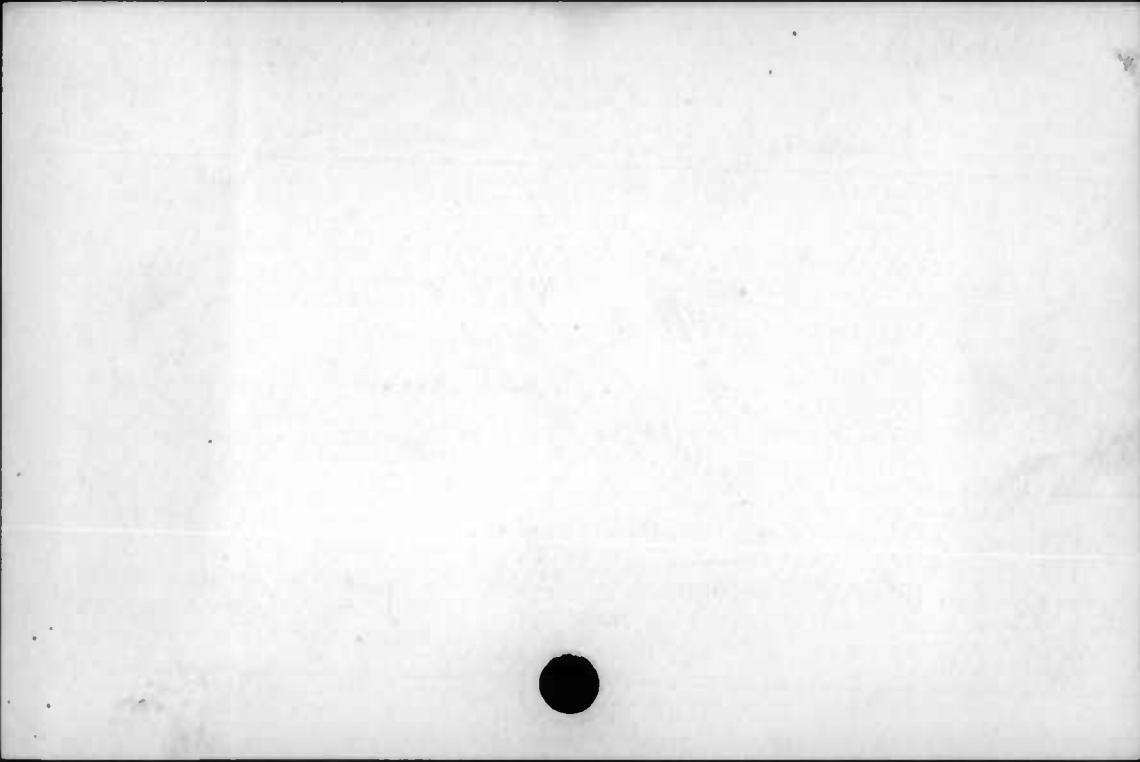
Address *Unionville*

*MD.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

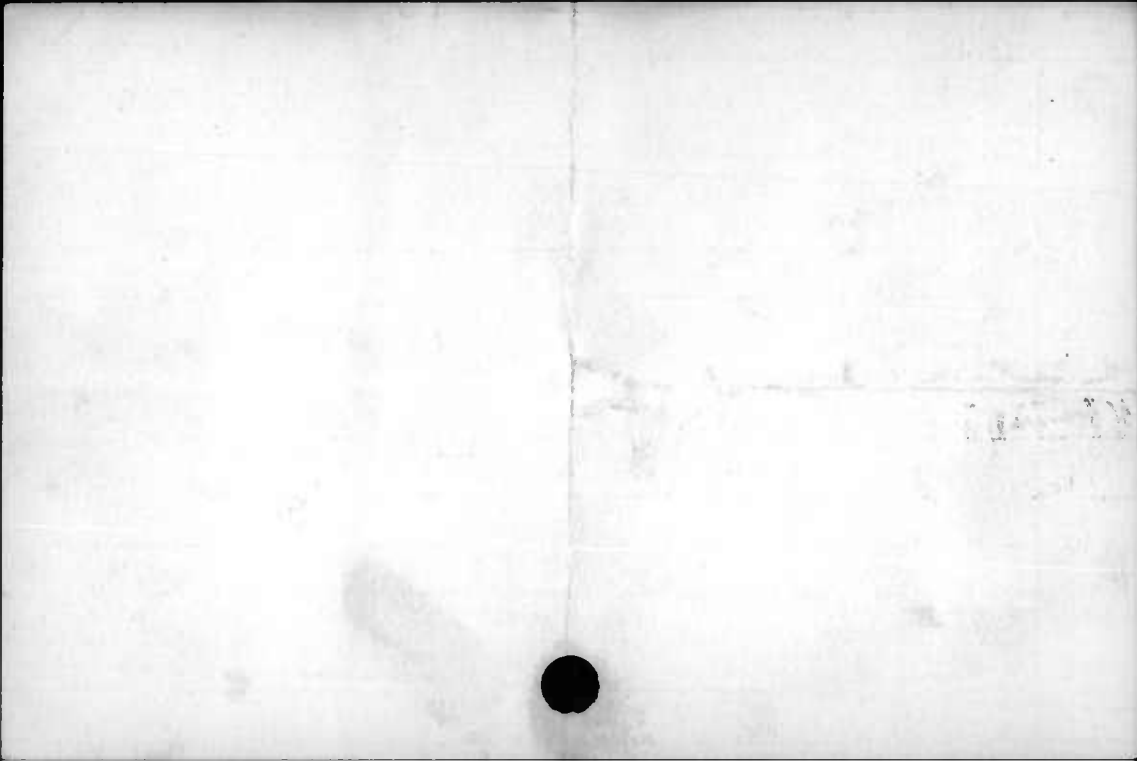
Died at <u>Lewistown</u> Town		<u>Fordok</u> County		MARYLAND	
Date of death <u>1908</u>	<u>Aug</u> Month	<u>1st</u> Day	Age <u>—</u> Years	<u>6</u> Months	<u>—</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Clarence Rumburg</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary Gola Gilbert</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Grandfather</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary	<u>✓</u>	How long <u>few days</u>
Immediate <u>Dysentery</u>		How long <u>Four day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. D. Neighbour</u>	
	Address <u>Lewistown</u>	
Accident or Suicide?		<u>Ind.</u>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Minnie Gittings

Died at *Near* *Frederick* TownCounty *Frederick*

MARYLAND

Date  
of death *1908*Month *8*Day *22*

Age

Years *23*Months *11*Days *16*

Sex

*Female*Color or  
Race*Black*Birth-  
place*Va.*

Occupation

*House Wife*Where Residing if not  
at place of death*Araba F. Co. Md.*Married, Single  
or Widowed*Married*Name of ~~Wife or~~  
Husband*Henson Gittings*Father's  
Name*Benjamin Washington*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Lizzie Bailey*Mother's  
Birthplace*Va*Name of person giving  
In formation*Ben' Washington*How related  
to deceased*Father*

## CAUSES OF DEATH

**66**

Primary

*Paraplegia*

How long

*3 weeks*

Immediate

*Convulsions, exhaustion*

How long

*2 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*W. G. Brown M.D.*

Address

*Frederick**Md.*

Accident or Suicide?

*no*

Interment Aug 24 - 1908  
" at Hope Hill cemetery  
Thomas P. Rice F.D.

Dr Bourne

Dr Goodell

Dr McBurdy

Name  
in  
Full

Gittings, Susan C.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

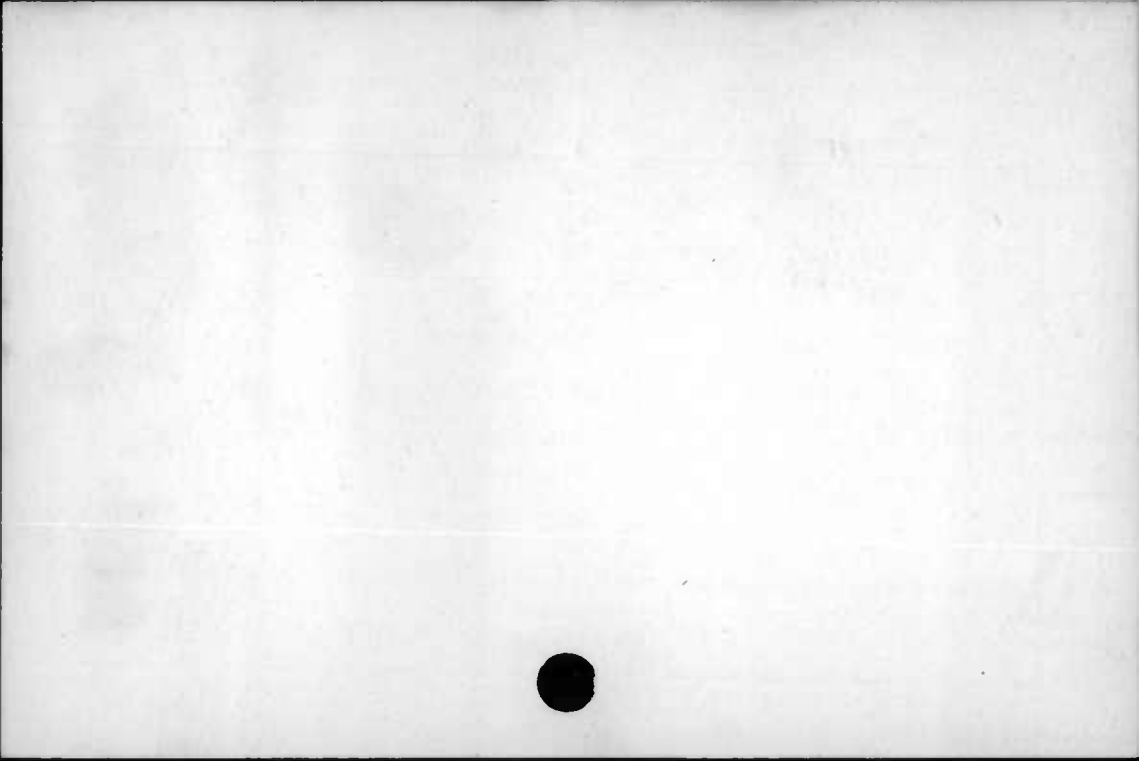
Died near <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1908	Month	8	Day	7	Age	62
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co</i>		Months	10
Occupation <i>Wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Gittings</i>					
Father's Name <i>John Britman</i>		Father's Birthplace <i>Frederick Co</i>					
Mother's Maiden Name <i>Catharine Lucas</i>		Mother's Birthplace <i>Frederick Co</i>					
Name of person giving information <i>Mrs Gittings</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Cardiac Palsy</i>	How long	<i>Immediate</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr Thomas</i>	
		Address <i>Frederick Md</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Evelyn May Grace

## CERTIFICATE OF DEATH

Town

Brunswick

County

Frederick

MARYLAND

Died at

Date

of death 1908

Month

Aug

Day

7

Age

Years

6

Months

3

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Mathews Co., Va

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Samuel M. Grace

Father's  
Birthplace

Howard Co., Md

Mother's  
Maiden Name

Essie R. Owens

Mother's  
Birthplace

Mathews Co., Va

Name of person giving  
In formation

Essie R. Owens

How related  
to deceased

mother

## CAUSES OF DEATH

18

Primary

Septicæmia following Erysipelas

How long

7 weeks

Immediate

Sepsis &amp; exhaustion

How long

4 or 5 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

C. W. R. Ginn, M.D.

Address

Brunswick, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Linnie Catherine Grimes*Died at *Woodboro*County *Fred.*Date of death *1908 Aug.*Day *14*

Age

Years

Months *11*Days *11*Sex *Female*Color or  
Race*White*Birth-  
place*Fred. Co. Md.*

Occupation

*None*Where Residing if not  
at place of death*Same place*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*None*Father's  
Name*James Oliver Grimes*Father's  
Birthplace*Md.*Mother's  
Maiden Name*Laura Annis Catherine Bowers*Mother's  
Birthplace*Md.*Name of person giving  
In formation*Laura Annis C. Bowers*How related  
to deceased*Mother*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

*Cholera Infantum*

How long

*5- days*

Immediate

*Convulsions*

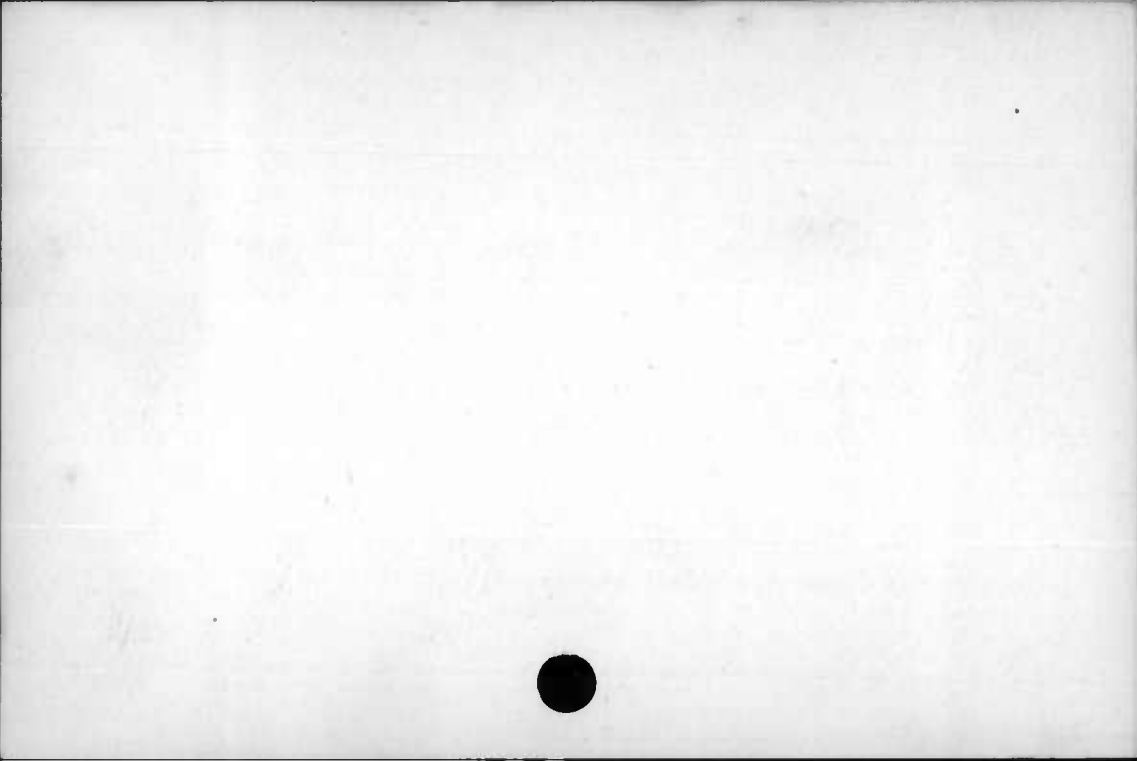
How long

*2 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*C. A. Stutz M.D.*

Address

*Woodboro Md.*

Accident or Suicide?





Name  
in  
Full

Annie M. Hansherr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

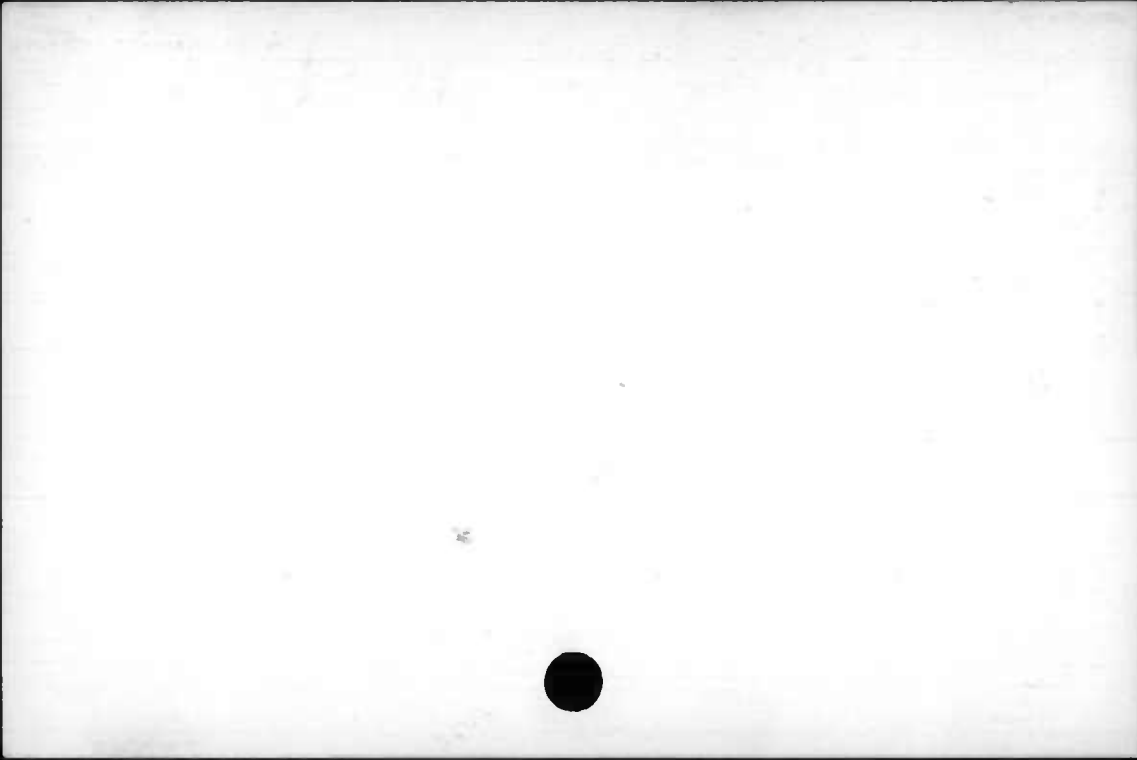
Died at <u>Fredrick</u> Town		<u>Fredrick</u> County		MARYLAND	
Date of death	190 <u>8</u>	Month	<u>8</u>	Day	<u>3</u>
Age	<u>49</u>	Years		Months	<u>11</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Rocky Springs</u> <sup>nd</sup>
Occupation	<u>House Wife</u>	Where Residing if not at place of death		<u>Fredrick Md</u>	
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Geo. Hansherr</u>		
Father's Name	<u>Henry Korrell</u>		Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name	<u>Elizabetha Muis</u>		Mother's Birthplace	<u>"</u>	
Name of person giving Information	<u>Her. Son</u>		How related to deceased	<u>Son</u>	

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary	<u>Carcinoma of Uterus</u>	How long	<u>2 Years</u>
Immediate	<u>Hemorrhage</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W. M. Smith</u>
		Address	<u>Fredk. Md.</u>
Accident or Suicide			



Name  
in  
Full

Athel Friestone Haushew

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Middletown <sup>County</sup> Frederick		MARYLAND	
Date of death	1908 Aug.	Age	25 <sup>th</sup> Years
Sex	Male	Color or Race	White
Occupation		Birth-place	Maryland
Married, Single or Widowed		Where Residing if not at place of death	
Father's Name	Wm. Haushew	Father's Birthplace	Harmony, Md
Mother's Maiden Name	Alice Friestone	Mother's Birthplace	" "
Name of person giving Information		How related to deceased	

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	Morasmus	How long	5 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	A. C. Lucas
		Address	Middletown Md
<del>Accident or Suicide</del>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mortimer Harley*

Died at *Middletown* <sup>Town</sup> *Frederick Co.* <sup>County</sup> **MARYLAND**

Date of death *1908* <sup>Month</sup> *Aug* <sup>Day</sup> *6th* <sup>Years</sup> *14 -* <sup>Months</sup> <sup>Days</sup>

Sex *male* Color or Race *white* Birth-place *Frederick Co*

Occupation *none -* Where Residing if not at place of death *Broad Run -*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Cornelius Harley* Father's Birthplace *Maryland*

Mother's Maiden Name *Narcissa Willard* Mother's Birthplace *"*

Name of person giving information *Maggie Harley* How related to deceased *Sister*

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary *Scrub Fracture -* How long *1 day*

Immediate *Shock -* How long *-*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *F. G. Poole M.D.*

Address *Burkittsville - Maryland.*

Accident *no* *(over)*

While riding a horse over a newly plowed field,  
the horse threw him, and it is thought laid  
on him as he was away all night, and found  
next morning when the horse returned without its  
rider. He never gained consciousness.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John D. Harshman*

Town *Myersville* County *Frederick* MARYLAND

Died at *Myersville*

Date of death 1908 *Aug.* 7 Age *66* Months *9* Days *7*

Sex *Male* Color or Race *White* Birth-place *Walpersville*

Occupation *Farmer* Where Residing if not at place of death *Myersville*

~~Married, Single~~ or Widowed Name of Wife or Husband *Nancy Harshman*

Father's Name *John Harshman* Father's Birthplace *Walpersville*

Mother's Maiden Name *Elizabeth Grossnickle* Mother's Birthplace *Walpersville*

Name of person giving information *J. Lloyd Harshman* How related to deceased *Son*

CAUSES OF DEATH

63

PHYSICIAN  
OR CORONER

Primary *Progressive Muscular Atrophy* How long *5 yrs.*

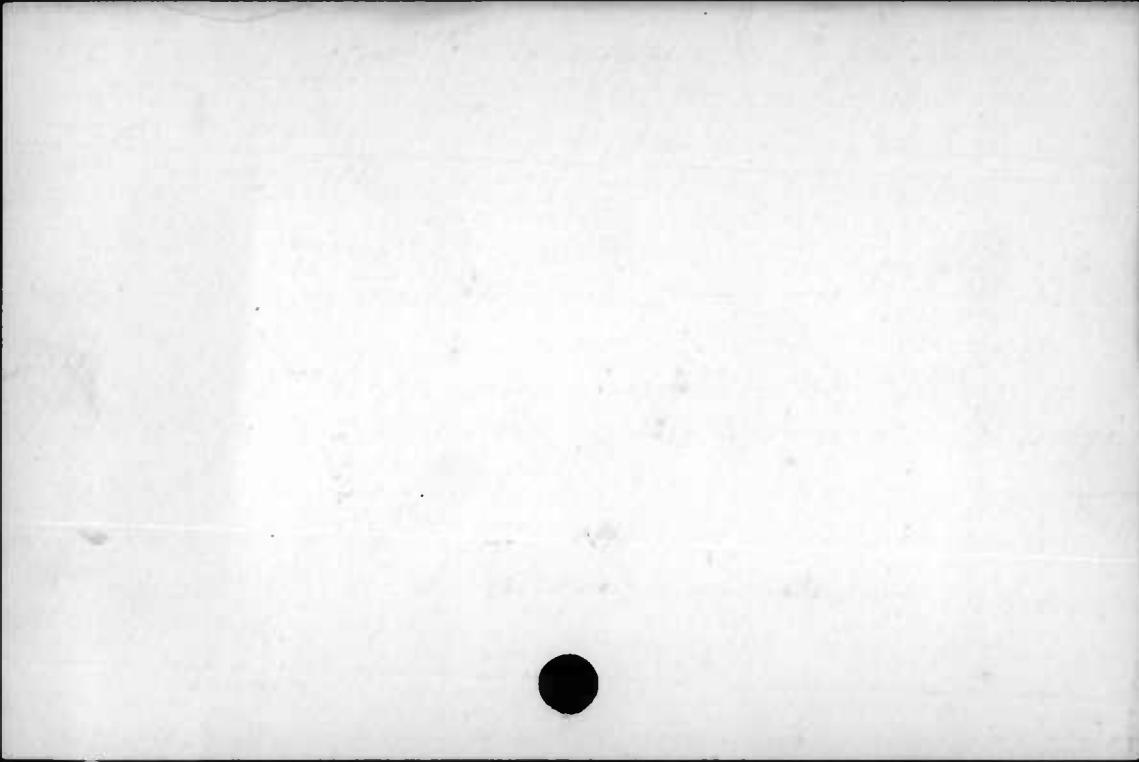
Immediate *Gangrene* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Ralph Browning*

Address *Myersville, Md.*

Accident or Suicide? ☐





Name  
in  
Full

Samuel Harshman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

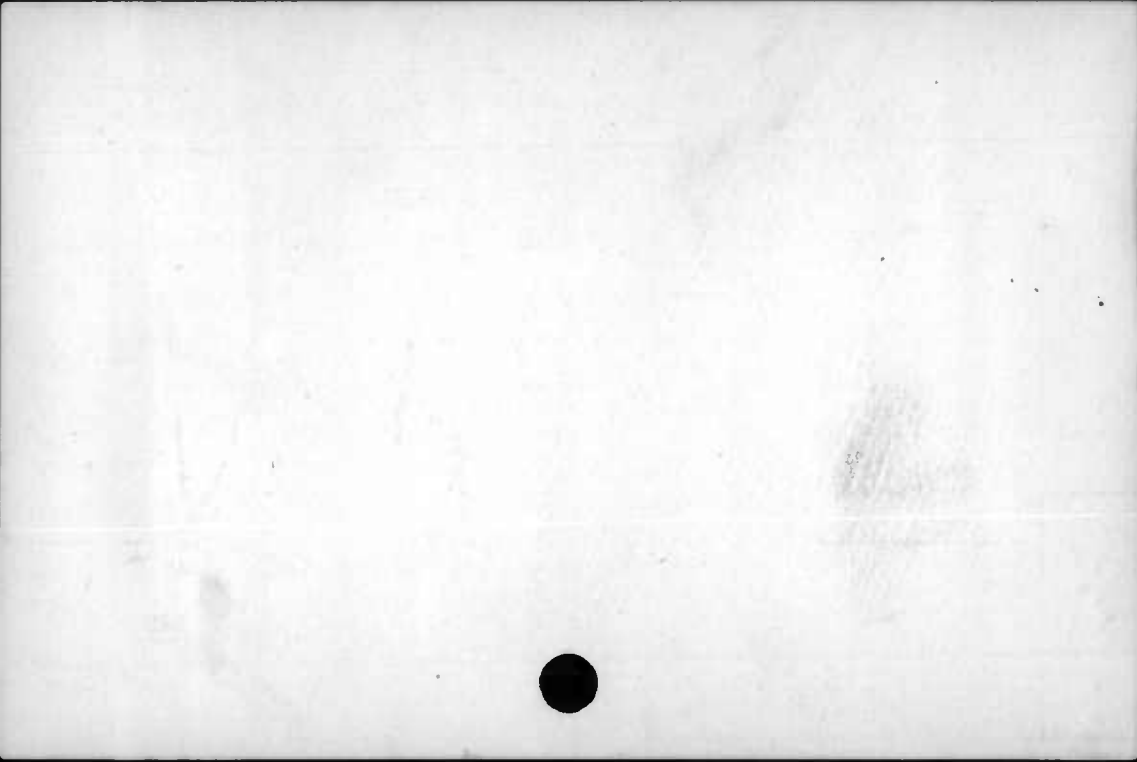
Died at		Town <i>Elletton</i>		County <i>Fredrick</i>		MARYLAND	
Date of death		1908	Month <i>Aug.</i>	Day <i>8</i>	Age <i>66</i>	Years <i>3</i>	Months <i>24</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Elletton</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Barbara Harshman</i>					
Father's Name <i>Geo. Harshman</i>		Father's Birthplace					
Mother's Maiden Name <i>Mary Catharine</i>		Mother's Birthplace					
Name of person giving information <i>Mary Harshman</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

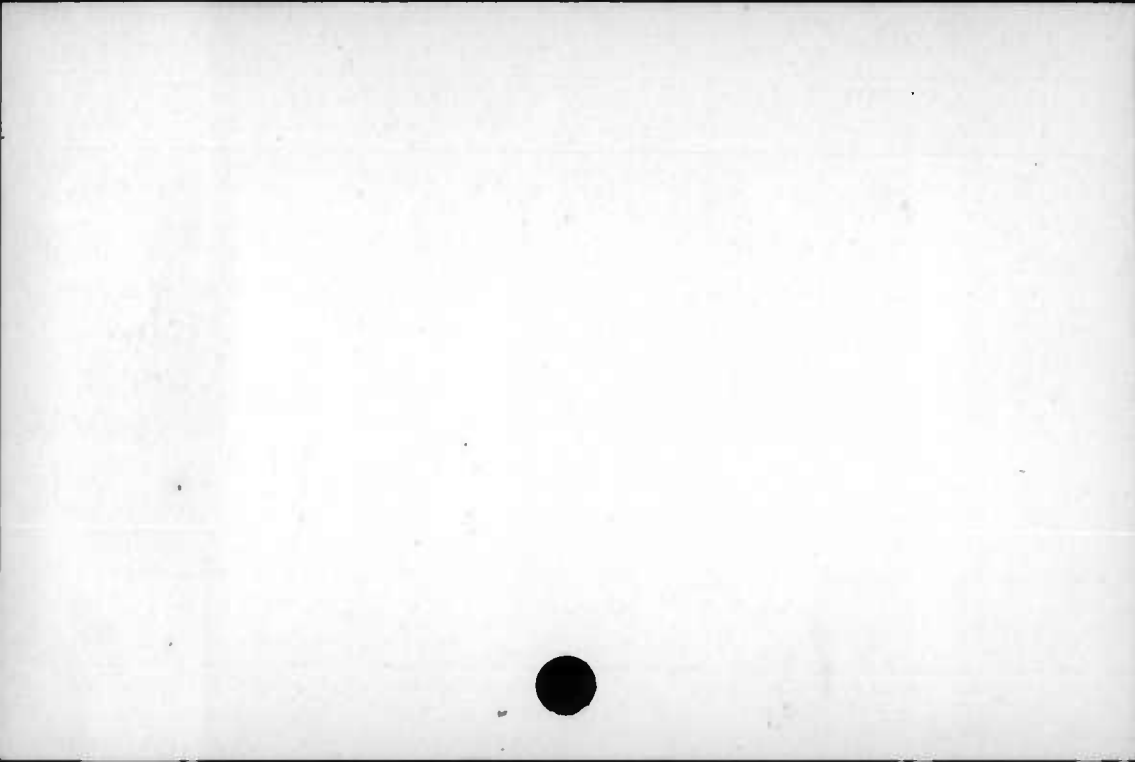
79

PHYSICIAN  
OR CORONER

Primary	<i>Organic Heart Disease.</i>	How long	<i>Indefinite.</i>
Immediate	<i>Dilatation (3rd or 4th breakdown)</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B. H. Hoke M.D.</i>	
		Address <i>Myersville Md.</i>	
Accident or Suicide?			



Name in Full		Certificate of Death			
Tabitha Melvina Herbert		Town Hopeland		County Frederick	
Died at		Date of death		Maryland	
Month Aug		Day 26		Years 11	
Sex Female		Color or Race Negro		Birth-place Md.	
Occupation		Where Residing if not at place of death		Same	
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Arthur Herbert		Father's Birthplace Md.			
Mother's Maiden Name Stella Briggs		Mother's Birthplace Md.			
Name of person giving information Arthur Herbert		How related to deceased Father			
CAUSES OF DEATH					
Primary Marasmus		How long 179		2 mo	
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician T. Clyde Rostone		Address Buckeytown	
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

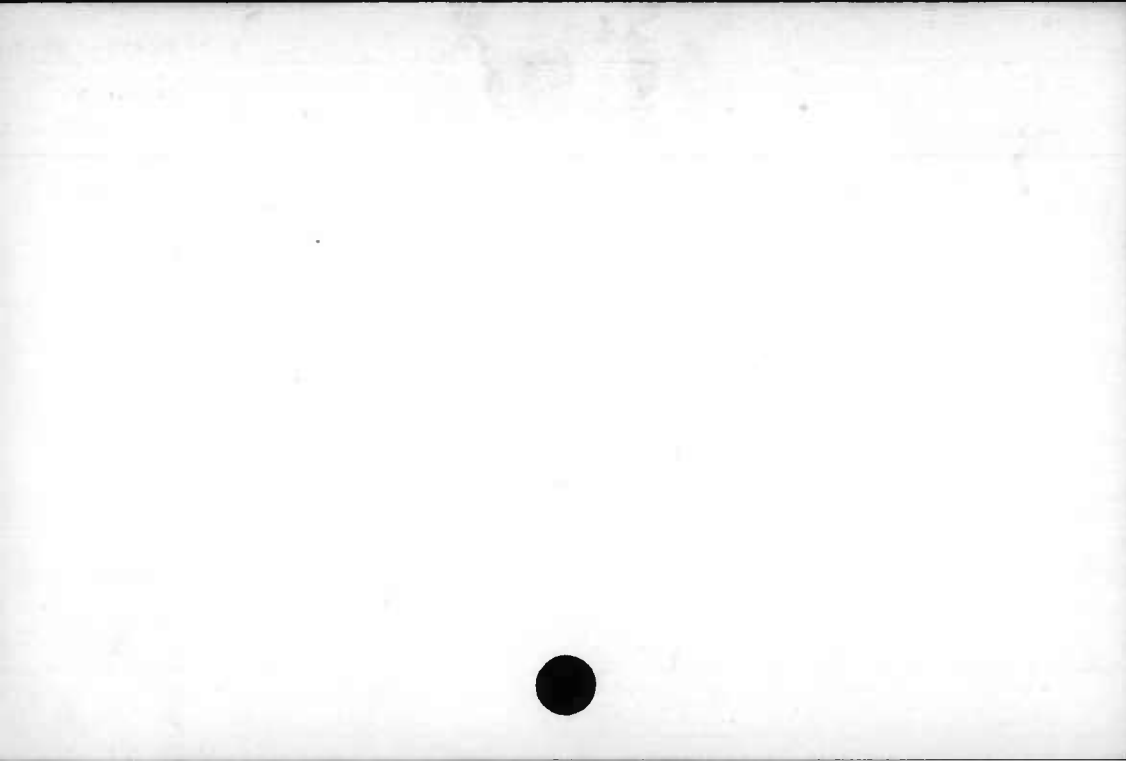
Died at <u>Brunswick</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death 190 <u>5</u>	Month <u>Aug</u>	Day <u>2</u> ✓	Age <u>75</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Dublin</u>		
Occupation <u>Laborer</u>		Where Reading if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah Anderson</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving Information <u>Freddie Hoer</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary <u>Cholera Morbus</u>	How long <u>1 hr.</u>
Immediate <u>General Exhaustion</u>	How long <u>6 hr.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Lemuel</u>
	Address <u>Brunswick</u>
	<u>Frederick Co.</u>
Accident or Suicide	



Name  
in  
Full

Blonze Mary Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Emmitsburg Frederick

Date of death 1908 Aug 8 Age 37 Months 3 Days -

Sex Female Color or Race White Birth place Emmitsburg

Occupation House - wife Where Residing if not at place of death Emmitsburg

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Joshua Hobbs Father's Birthplace Emmitsburg

Mother's Maiden Name Catharine Mayhugh Mother's Birthplace Emmitsburg

Name of person giving information Mother How related to deceased Mother

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

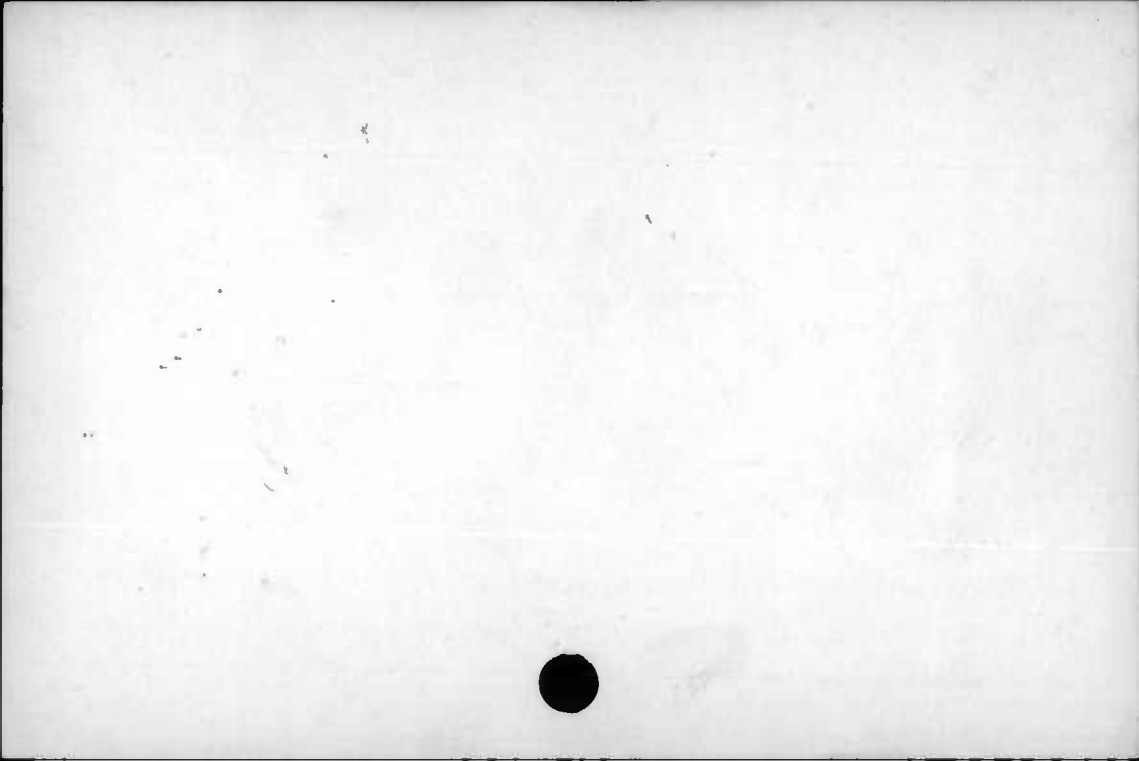
Primary Pulmonary tuberculosis How long Two years

Immediate General asthenia How long Six months

Are the name, age, sex, color, date and place correctly given above? Signature of Physician B. J. Jamison

Address Emmitsburg

Accident or Suicide? Ma





Name  
in  
Full

Aunie Holland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

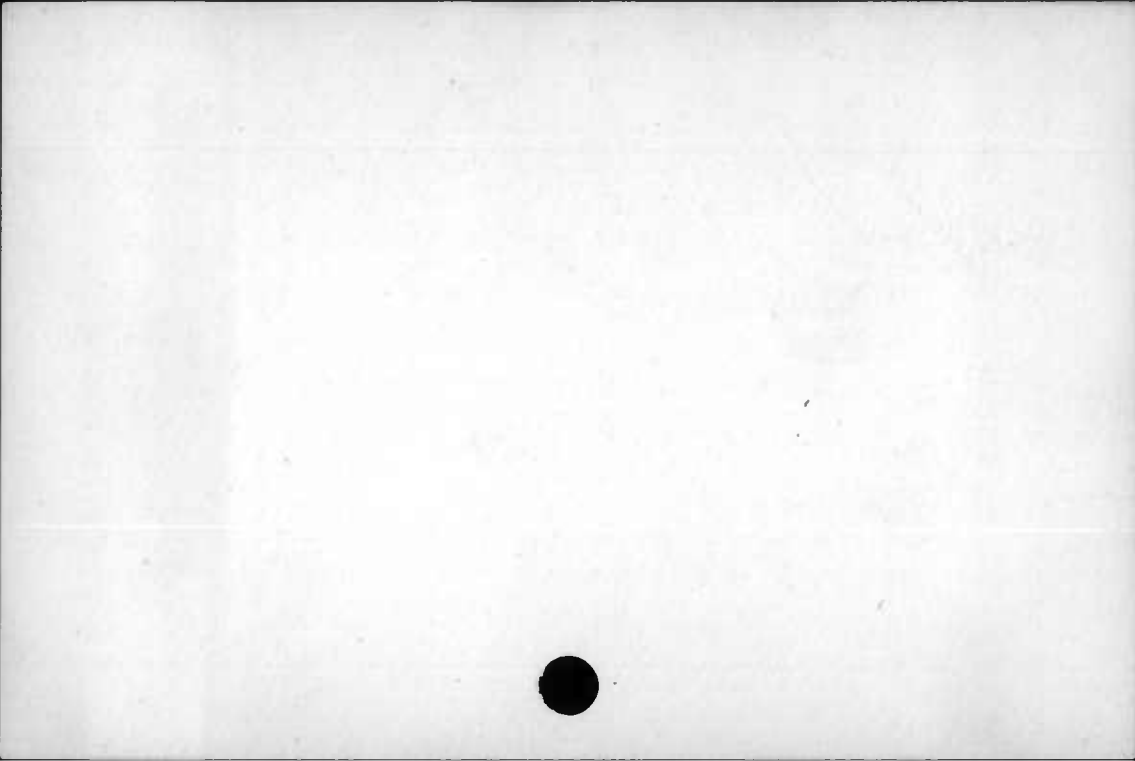
Died at <i>Maintenance Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>8th</i>	Day <i>10</i>	Age <i>30</i>	Years	Months <i>1</i>	Days <i>1</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Md.</i>					
Occupation <i>Unknown</i>	Where Residing if not at place of death <i>+</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Charity Gray - (matron)</i>	How related to deceased <i>None</i>						

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 year or more</i>
Immediate <i>Exhaustion</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>As far as could be ascertained</i>	Signature of Physician <i>W. G. Courne M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

Infant of Bruce Holland

Town

County

MARYLAND

Died at Frederick

Frederick

Date  
of death 1908

Month

8

Day

12

Age

Years

0

Months

0

Days

0

Sex Female

Color or  
Race

Black

Birth-  
place

Frederick

Occupation

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Bruce Holland

Father's  
Birthplace

F. Co. Md

Mother's  
Maiden Name

Dora Wilkerson

Mother's  
Birthplace

" " "

Name of person giving  
In formation

Bruce Holland

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Still Born contributing Cause Unknown

How long

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

U. G. Brown

Address

Frederick, Md

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Interment Aug 13 - 08

" at Greenmount

Thomas P. Rice F.R.C.

Dr Bourne

Dr. McCurdy

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Frederick

County

Frederick

MARYLAND

Date

of death 1908

Month

Aug.

Day

1

Years

Age 65

Months

2

Days

23

Sex

Male

Color or  
Race

White

Birth-  
place

Virginia

Occupation

Railroads

Where Residing if not  
at place of death

Point-Rocks

Married, Single  
or WidowedName of Wife or  
Husband

Eliza R. Hughes

Father's  
Name

Geo. Hughes

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Mary Hardin

Mother's  
Birthplace

Unknown

Name of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

84

Primary

Adenitis of Maxillary Glands

How long

Two weeks

Immediate

Necrops caused by pneumonia by the adenitis 48 hours

How long

48 hours

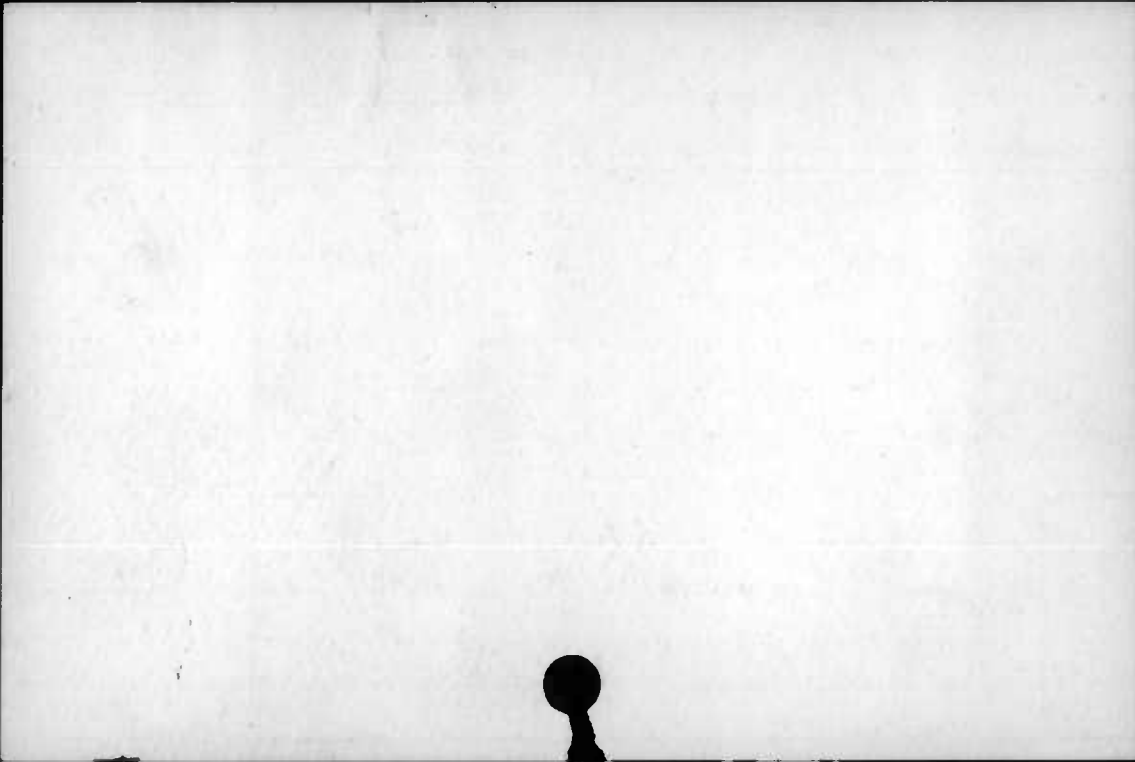
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

J. B. Johnson

Address

Frederick, Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

Charles D. Kline

Town

County

MARYLAND

Died at Frederick

Frederick

Date of death 1908

Month 8

Day 9

Age

Years 19

Months

Days

Sex

Male

Color or Race

White

Birth-place

F. Co Md

Occupation

Farm Laborer

Where Residing if not at place of death

Near Gracham F. Co Md

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Martin E. Kline

Father's Birthplace

F. Co Md

Mother's Maiden Name

Anna R. Burger

Mother's Birthplace

" " "

Name of person giving information

Mr. Kline

How related to deceased

Father

CAUSES OF DEATH

166

Primary

Gun shot wound

How long

Immediate

Immediate

Pneumonia

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

D. B. Johnson  
Induey Md.  
(over)

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Interment at Doeb's Cemetery

" Aug 11 - 08

Thomas P. Rice F.D.

The shooting was accidental. He shot himself with shot gun. The load entered the left abdominal wall, perforating bowels, spleen and pleura.

Dr. T. B. Johnson

Dr. McCurdy



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Brunswick</i>		County <i>Brunswick</i>		MARYLAND					
Date of death		Month <i>Aug</i>		Day <i>13</i>		Age <i>6 years</i>		Months <i>—</i>		Days <i>24</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Md</i>							
Occupation				Where Residing if not at place of death							
<del>Married</del> , Single or <del>Widowed</del>				Name of Wife or Husband							
Father's Name <i>Michael Lehan</i>				Father's Birthplace <i>va</i>							
Mother's Maiden Name <i>Catherine Anderson</i>				Mother's Birthplace <i>W va</i>							
Name of person giving In formation <i>mother</i>				How related to deceased							

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>		How long <i>2 weeks</i>	
Immediate <i>Meningitis</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. H. Harrison</i>	
		Address <i>Brunswick Md.</i>	
Accident or Suicide?			

RECEIVED

CS



Name  
in  
Full

Barney Lewis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Aug	Day	18
Age	84	Years	10	Months	20
Sex	male	Color or Race	white	Birth-place	Frederick, Md.
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Widower	Name of Wife or Husband <i>Rebecca Krine</i>			
Father's Name	<i>Wm Lewis</i>	Father's Birthplace <i>Md.</i>			
Mother's Maiden Name	<i>M. Sarah Wolf</i>	Mother's Birthplace <i>Md.</i>			
Name of person giving information	<i>Alfred Lewis</i>	How related to deceased <i>Nephew.</i>			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Senile debility - Dementia</i>	How long	<i>2 weeks</i>
Immediate	<i>Paralysis</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm. S. Smith</i>
		Address	<i>Frederick Md.</i>
Accident or Suicide?	<i>no</i>		



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

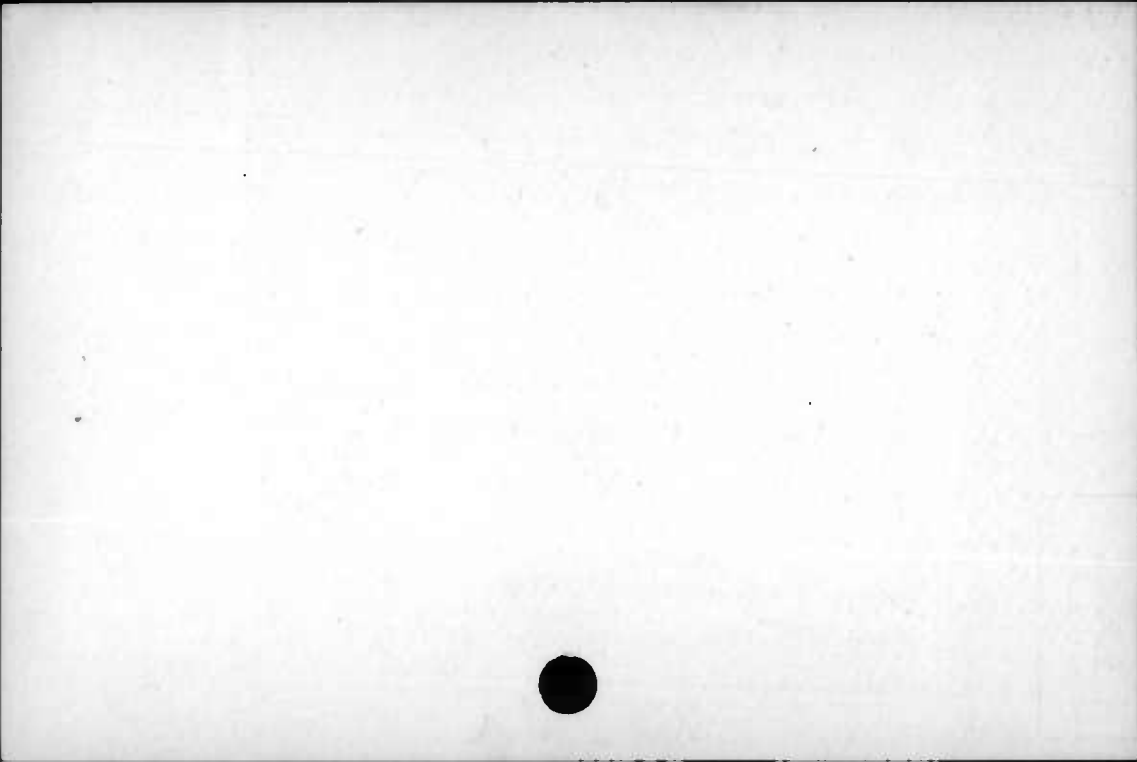
Died at <i>Unionville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1908	Month	August	Day	27	Age	1
Sex	Male	Color or Race	African	Birth-place	Near Unionville	Years	1
Occupation	None	Where Residing if not at place of death	Place of birth				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Charles Macintire	Father's Birthplace	Md.				
Mother's Maiden Name	Minnie Modock	Mother's Birthplace	Md.				
Name of person giving information	Singletou Dupkins	How related to deceased					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Malaria	How long	One week
Immediate	Exhaustion	How long	Very short time
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Sappington & Pearse
Did you see this child		Address	Unionville
Accident or Suicide?	whilst living		Maryland



Name in Full		John Mares				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Near <i>Frederick</i> Town		<i>Frederick</i> County		MARYLAND	
	Date of death	<i>1908</i>	Month <i>8</i>	Day <i>14</i>	Age <i>65</i>	Years <i>—</i>	Months <i>—</i>
	Sex	<i>Male</i>		Color or Race	<i>Black</i>		
	Occupation	<i>Laborer</i>		Birth-place	<i>Frederick</i>		
	Where Residing if not at place of death	<i>Frederick</i>					
	Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Jennie Stanton</i>		
	Father's Name	<i>Benjamin Mares</i>				Father's Birthplace	<i>F. Co Md</i>
PHYSICIAN OR CORONER	Mother's Maiden Name	<i>Mary Snowden</i>				Mother's Birthplace	<i>" " "</i>
	Name of person giving information	<i>Jennie Mares</i>				How related to deceased	<i>Wife</i>
	CAUSES OF DEATH						<b>64</b>
	Primary	<i>Apoplexy - Cerebral</i>					How long
Immediate	<i>Exhaustion</i>					How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician		<i>W. G. Barrow, M.D.</i>	
				Address		<i>Frederick, Md.</i>	
Accident or Suicide?		<i>—</i>					

Interment Aug 16 - 08

" at Greenwood burying

Thomas P. Rice F. I.

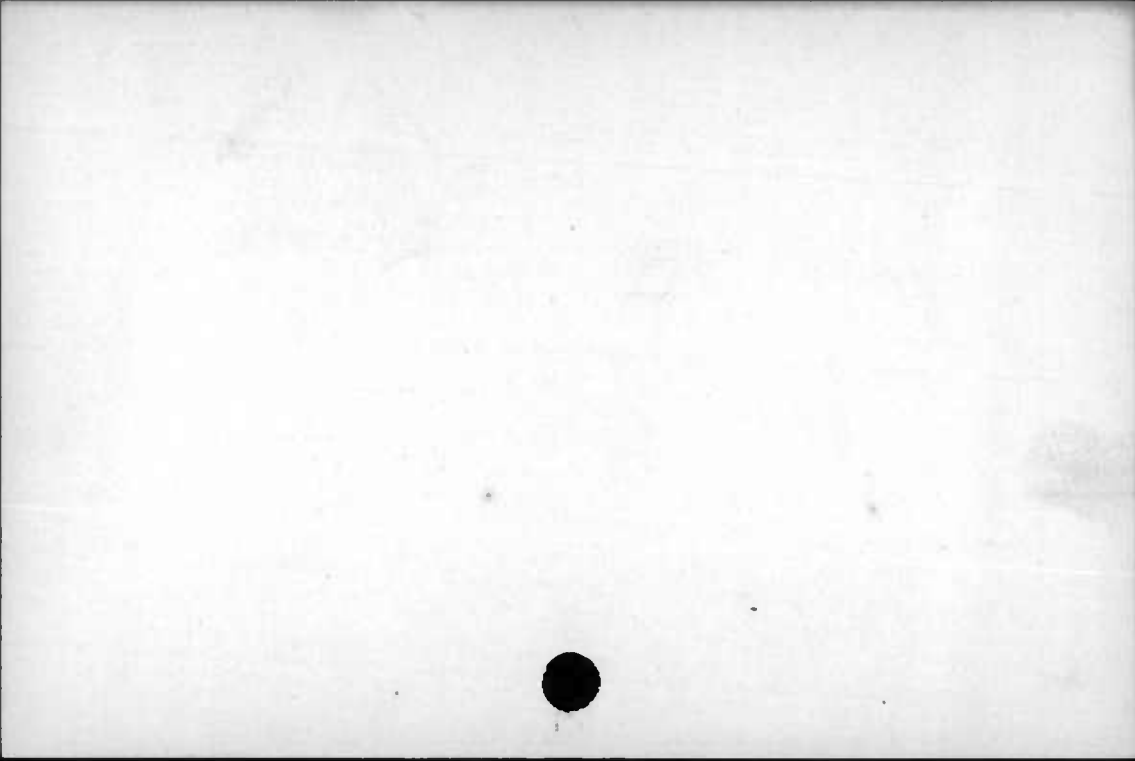
Dr Bournie,

Dr. Goodell

Dr McHardy.



Name in Full		Harry F. Martin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Brimmer		County Frederick		MARYLAND	
	Date of death	1908	Month Aug	Day 12	Age 1	Years 1	Months 7
	Sex	male		Color or Race	white		Birth-place md
	Occupation	—		Where Residing if not at place of death —			
	Married, Single or Widowed	Single		Name of Wife or Husband —			
	Father's Name	John F. Martin				Father's Birthplace	W. Va
	Mother's Maiden Name	Annie W. Martin				Mother's Birthplace	W. Va
Name of person giving information	J. F. Martin				How related to deceased	Father	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(71)</div>							
PHYSICIAN OR CORONER	Primary	Convulsions				How long	2 days
	Immediate	Exhaustion				How long	—
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	H. J. Hedges
	Address	Brimmer - md.					
Accident or Suicide?							



Name  
in  
Full

Kobt. A. Messell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

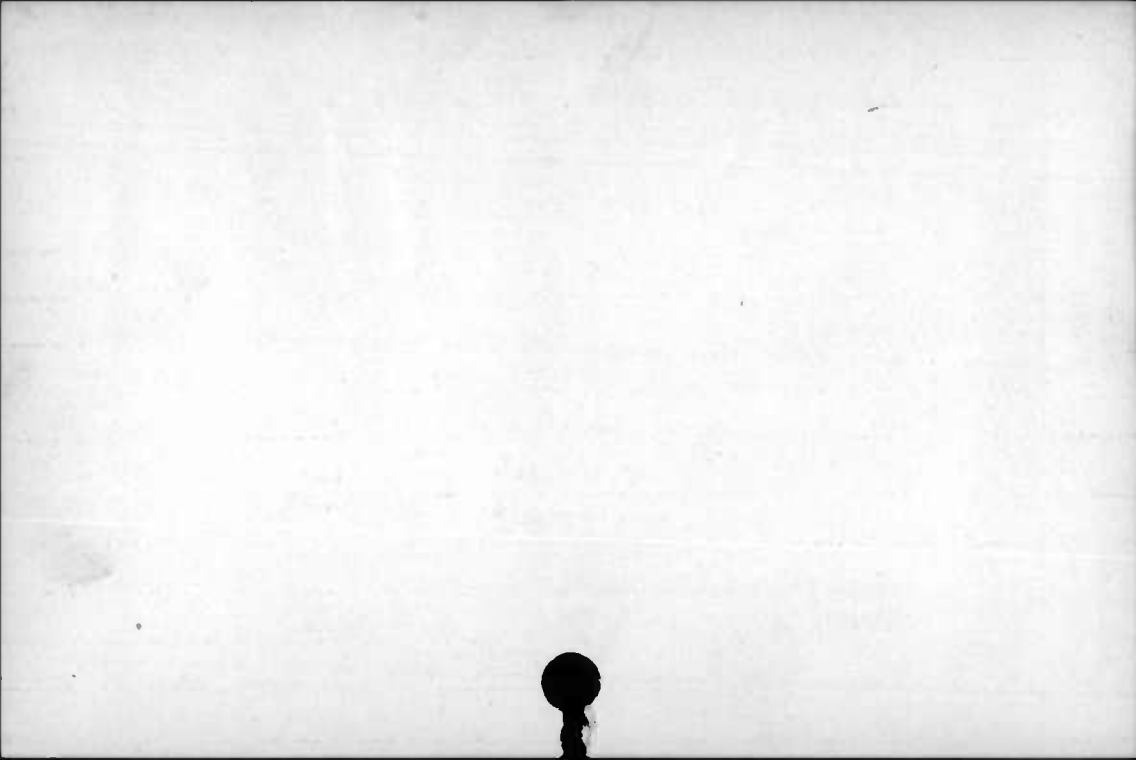
Died at <u>Brunswick</u> Town		<u>Fredrick</u> County		MARYLAND	
Date of death	<u>1908</u>	Month <u>Aug</u>	Day <u>8</u>	Age <u>50</u> Years	Months <u>2</u> Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>md</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Rose M. Forrest</u>				
Father's Name <u>Messell</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Anne R. Strailman</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Anne R. Messell</u>	How related to deceased <u>wife</u>				

## CAUSES OF DEATH

120

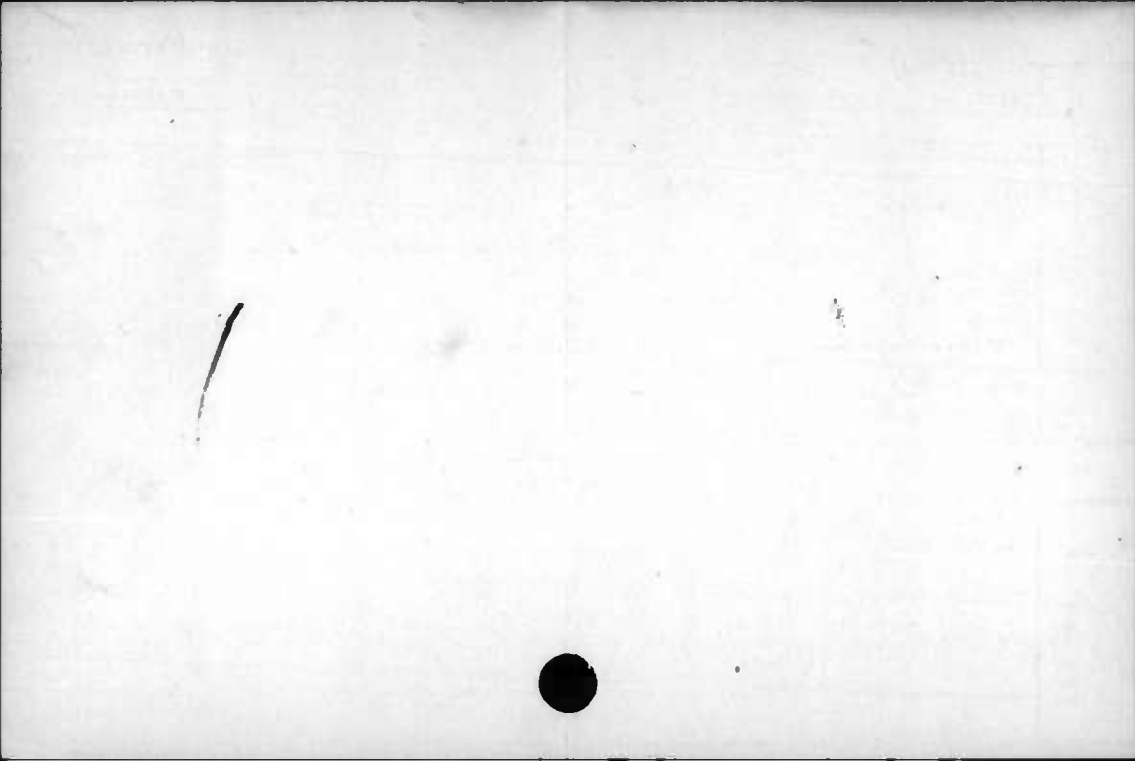
PHYSICIAN  
OR CORONER

Primary <u>Interstitial Nephritis</u>	How long <u>18 months</u>
Immediate <u>Coma - Uremia - Poisoning -</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. W. R. Crum, M.D.</u>
	Address <u>Brunswick, Md.</u>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Brunswick</i>				<i>Fredrick</i>		MARYLAND			
		Date of death <i>1908</i>		Month <i>Aug</i>	Day <i>2</i>	Age	Years	Months <i>18</i>	Days <i>19</i>		
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>					
		Occupation <i>none</i>				Where Residing if not at place of death					
		Married, Single or Widowed <i>single</i>		Name of Wife or Husband							
		Father's Name <i>Benjamin B Michael</i>				Father's Birthplace <i>md</i>					
		Mother's Maiden Name <i>Blanch Nichols</i>				Mother's Birthplace <i>md</i>					
		Name of person giving information <i>Doria Grimes</i>				How related to deceased <i>uncle</i>					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Gastro enteritis</i>				How long <i>30 hours</i>					
		Immediate <i>Convulsions</i>				How long <i>12 hours</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>A. L. Horine</i>					
						Address <i>Brunswick</i>					
		Accident or Suicide? <i>no</i>				<i>md.</i>					

105



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Josiah N. Miller</i>		Town <i>Harrisonville</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Harrisonville</i>		Date of death <i>1908 Aug. 3rd.</i>		Age <i>86</i>		Months <i>4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Woodvale</i>		Days <i>6</i>	
Occupation <i>Retired</i>				Where Residing if not at place of death <i>Harrisonville</i>			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>[Blank]</i>			
Father's Name <i>John Miller</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Sarah Hearn</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>G. Lloyd Palmer</i>				How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

**116**

PHYSICIAN  
OR CORONER

Primary <i>Peritonitis</i>		How long <i>Week</i>	
Immediate <i>Toxemia Heart Failure</i>		How long <i>Two hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>T. E. Billings</i>	
		Address <i>Frederick Ind.</i>	
Accident or Suicide? <i>.</i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

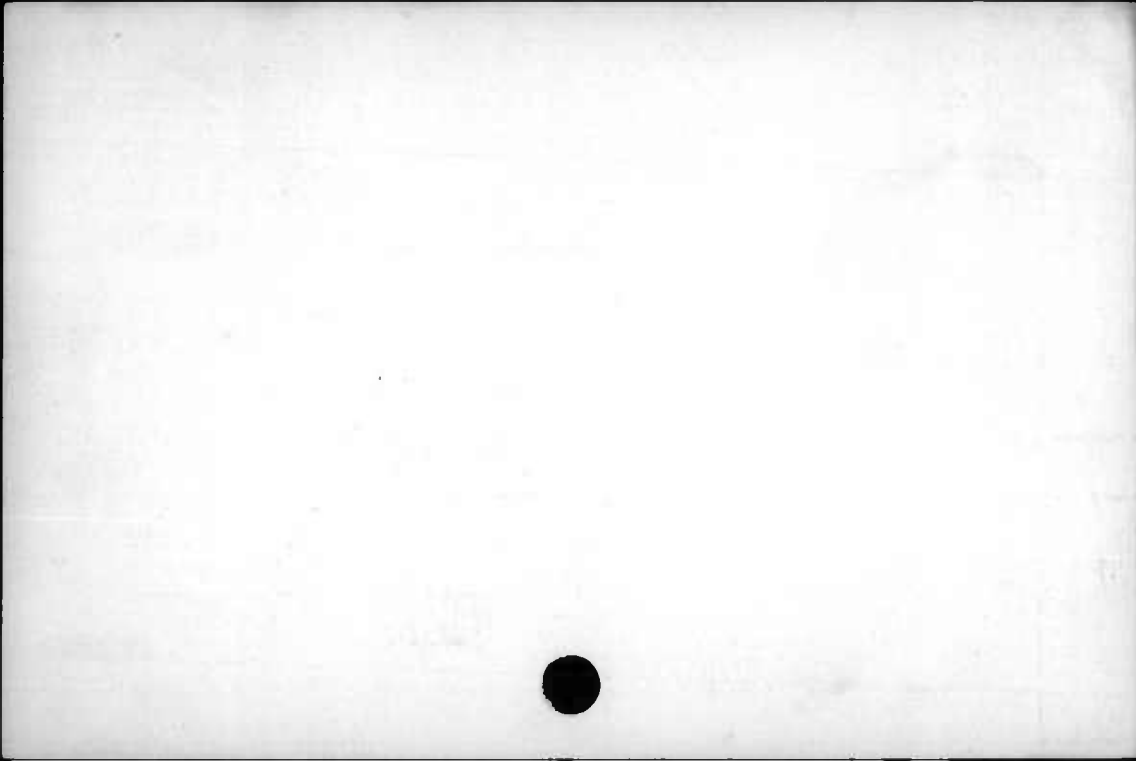
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> Town <u>Frederick</u> County <u>Frederick</u> MARYLAND	
Date of death 190 <u>8</u> Month <u>8</u> Day <u>30</u> Age <u>      </u> Years <u>      </u> Months <u>      </u> Days <u>      </u>	
Sex <u>Male White</u> Color or Race <u>      </u> Birth-place <u>      </u>	
Occupation <u>      </u> Where Residing if not at place of death <u>      </u>	
Married, Single or Widowed <u>      </u> Name of Wife or Husband <u>      </u>	
Father's Name <u>George Lewis Mobley</u> Father's Birthplace <u>Wetmore, Va</u>	
Mother's Maiden Name <u>Pleasant B Gurley</u> Mother's Birthplace <u>Cumberland, Md</u>	
Name of person giving information <u>George L Mobley</u> How related to deceased <u>Father</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Premature Birth</u> How long <u>7 1/2 hrs</u>	
Immediate <u>Still Born</u> How long <u>      </u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> Signature of Physician <u>H. N. Hedger</u>	
Address <u>Frederick</u>	
Accident or Suicide? <u>      </u>	



Name  
in  
Full

Susan Anne Montgomery

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Jamsville</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>8</i>	Day <i>27</i>	Age <i>76</i>	Months <i>3</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredrick Co. Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>John Wesley Montgomery</i>				
Father's Name <i>John Thompson</i>	Father's Birthplace <i>Fredrick Co Md</i>				
Mother's Maiden Name <i>Ellen Preston</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>John T. Montgomery</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>3 days</i>
Immediate <i>Coma</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>George H. Riggs MD</i>
	Address <i>Jamsville Md.</i>
Accident or Suicide?	



Name  
in  
Full

Henry Morris Kixdorff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u>		Town		<u>Frederick</u>		County		MARYLAND	
Date of death <u>1908</u>		Month <u>Aug</u>		Day <u>first</u>		Age <u>78</u>		Years <u>six</u>	
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Frederick</u>		Months		Days <u>22</u>	
Occupation <u>merchant</u>				Where Residing if not at place of death <u>X</u>					
Married, Single or Widowed <u>Single</u>				Name of Wife or Husband <u>X</u>					
Father's Name <u>Henry</u>				Father's Birthplace <u>Frederick</u>					
Mother's Maiden Name <u>Susan Medlar</u>				Mother's Birthplace <u>Frederick</u>					
Name of person giving Information <u>F. B. Smith</u>				How related to deceased <u>nephew</u>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONERPrimary Heart FailureHow long X

Immediate

How long

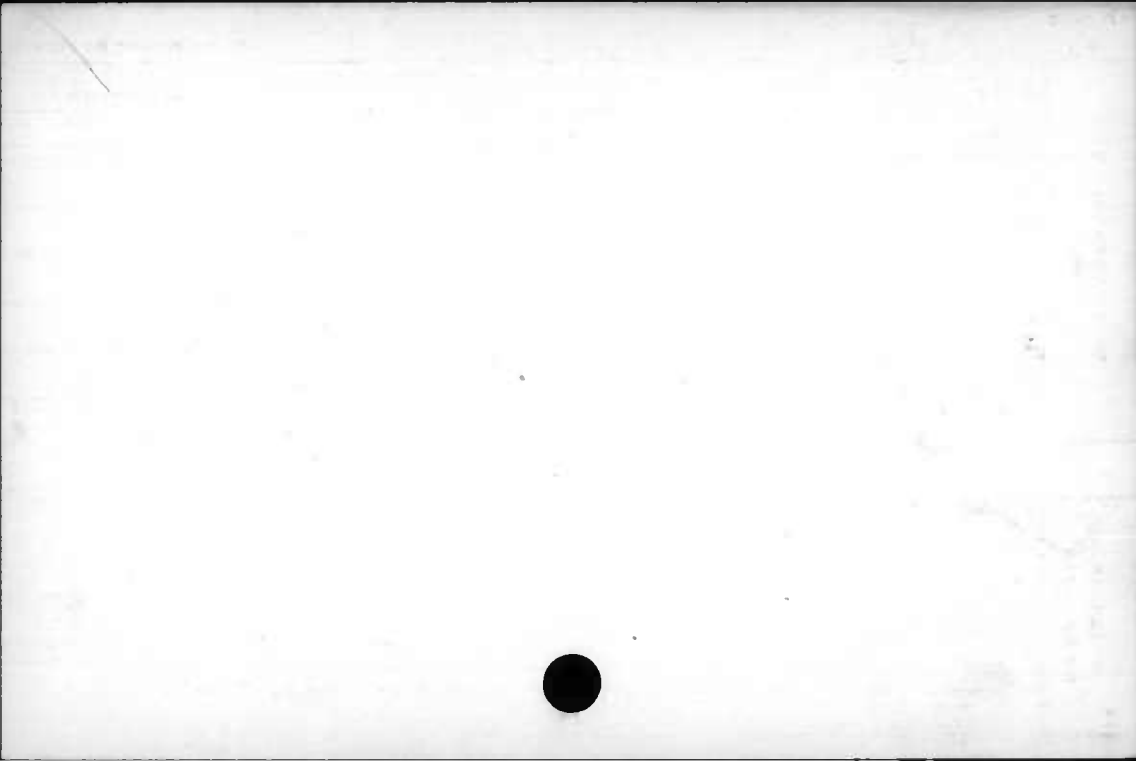
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Buckley Buchanan Smith  
Frederick Md

Accident or Suicide



Name  
in  
Full

Olaus Gilbert Norwood

16,  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Near New Market <sup>County</sup> Frederick

MARYLAND

Date of death 1908 <sup>Month</sup> 3 <sup>Day</sup> 19 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 3 <sup>Days</sup>

Sex Male Color or Race white Birth-place New Market

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Jacob C Norwood Father's Birthplace Maryland

Mother's Maiden Name Effie Bell Mother's Birthplace Maryland

Name of person giving information Jacob C Norwood How related to deceased Father

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

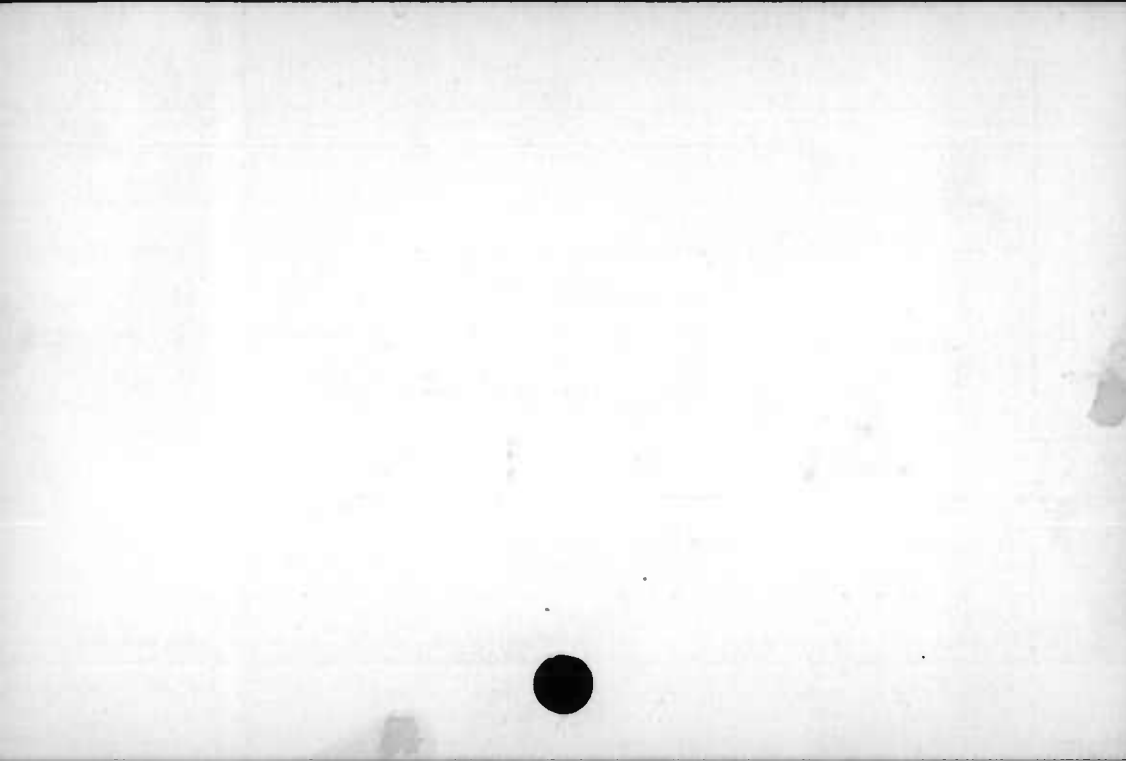
Primary Inanition How long from birth

Immediate Gastro-Enteritis How long "

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician H. H. Hopkins M.D.

Address New Market Md

Accident or Suicide? no





Name  
in  
Full

Annie R. Orr

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died Near Harmony

Frederick

Date of death 1908 August 10<sup>th</sup>

Age 39

Months

Days

Sex Female

Color or Race White

Birth-place Yellow Springs

Occupation

House wife

Where Residing if not at place of death

Married, ~~Single~~  
or Widowed

Name of Wife or Husband

Samuel Orr

Father's Name George H. Stone

Father's Birthplace Yellow Springs

Mother's Maiden Name Lucinda Cannon

Mother's Birthplace " "

Name of person giving information Samuel Orr

How related to deceased Husband

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis

How long Year

Immediate Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Dr. H. P. Fahrney

Address

Frederick Md.

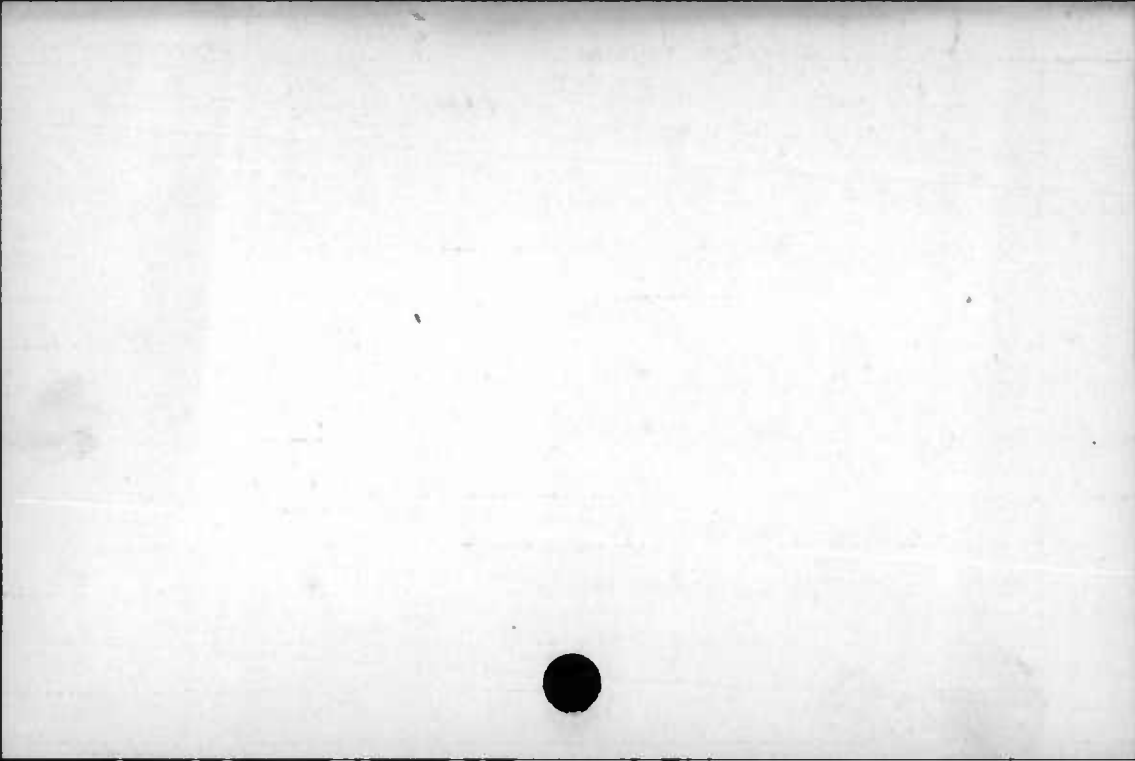
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full <b>Joseph Osak</b>		Town <b>Brunswick</b>		County <b>Fredrick</b>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month <b>Aug</b>		Day <b>9</b>		Years <b>—</b>		Months <b>4</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>md</b>		Days <b>—</b>	
Occupation <b>—</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>John Osak</b>		Father's Birthplace <b>Hungary</b>					
Mother's Maiden Name <b>Paulina Lorentini</b>		Mother's Birthplace <b>Hungary</b>					
Name of person giving information <b>John Osak</b>		How related to deceased <b>father</b>					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		(179)			
		Primary <b>Marose mix</b>		How long <b>3 mrs</b>			
PHYSICIAN OR CORONER		Immediate <b>exhaustion</b>		How long <b>—</b>			
		Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Levin West</b>			
		Accident or Suicide?		Address <b>Brunswick Fredrick Co</b>			



Name in Full		Margaret V Patterson				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Brunswick		Frederick			
	Date of death	1908	Month Aug	Day 23	Age	Years	Months 1
	Sex	Female		Color or Race		white	
	Birth- place			Birth- place		md	
	Occupation	none		Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
FATHER'S NAME	Edward Patterson		Father's Birthplace		not know		
	Mother's Maiden Name		Agnes Unger		Mother's Birthplace		md
	Name of person giving In formation		Agnes Unger		How related to deceased		mother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Dc terms				How long	5 weeks
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		W. Horner
					Address		Brunswick md
Accident or Suicide?		no					

CHALYRAT



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>George &amp; Unlap Potts</i>		Town <i>Fredericks</i>		County <i>Fredericks</i>		STATE <i>MARYLAND</i>	
Died at <i>Fredericks</i>		Month <i>8</i>		Day <i>20</i>		Years <i>43</i>	
Date of death <i>1908</i>		Months <i>8</i>		Days <i>24</i>		Age <i>43</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Alabama</i>			
Occupation <i>Clerk.</i>		Where Residing if not at place of death <i>St. Louis Mo.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rose Greenan</i>					
Father's Name <i>Richard Potts</i>		Father's Birthplace <i>Pa. Co Md</i>					
Mother's Maiden Name <i>Eugenia Unlap</i>		Mother's Birthplace <i>Kentucky</i>					
Name of person giving information <i>Arthur Potts</i>		How related to deceased <i>Uncle</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Parachyma of Heart</i>	How long	<i>Gradual.</i>
Immediate	<i>Convulsion</i>	How long	<i>A few min.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Hanson M.D.</i>	
		Address <i>Braman Md</i>	
Accident or Suicide? <i>no</i>			

Interment Aug 22- 08  
" at Mt Olivet

Thomas P. Rice. F. & I.

Dr. T. B. Johnson

Dr McCurdy.



Name  
In  
Full

Annie Proctor

## CERTIFICATE OF DEATH

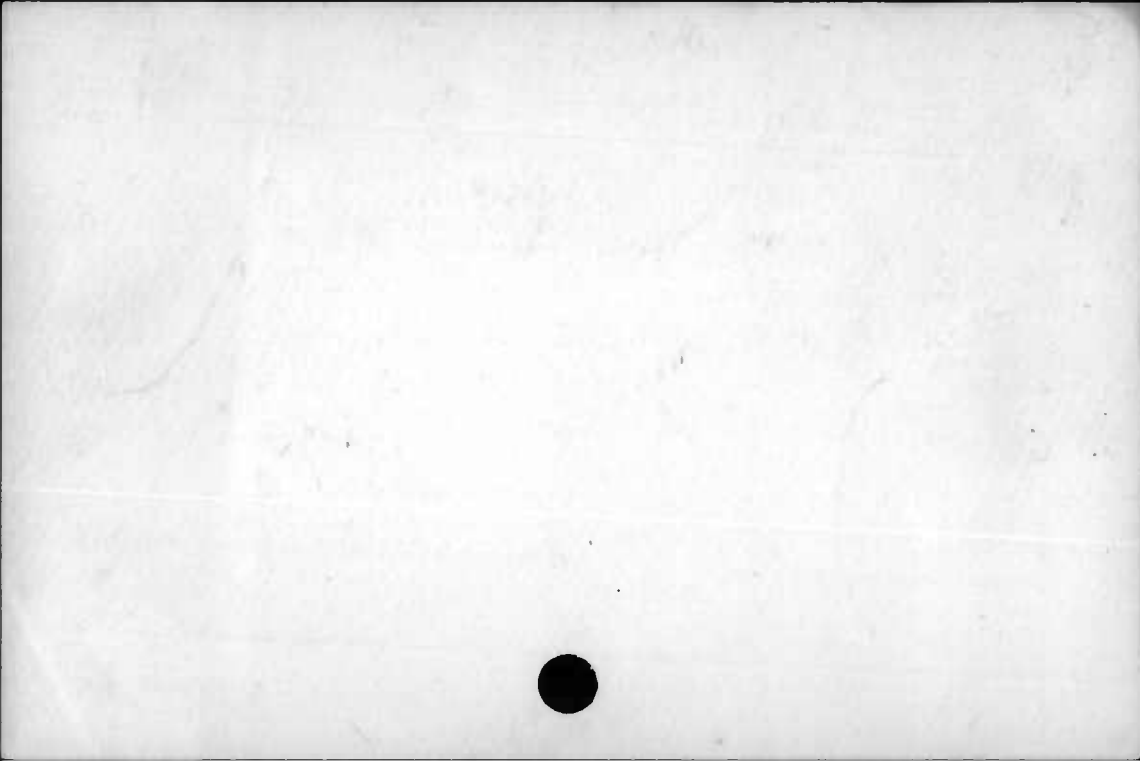
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Park Mills</u>		Town <u>Park Mills</u>		County <u>Fredrick</u>		MARYLAND	
Date of death	1908	Month	August	Day	27	Age	58
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Park Mills</u>		Months	2
Occupation <u>House wife</u>		Where Residing if not at place of death <u>Park Mills</u>		Years		Days	20
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband		<u>Eugene Proctor</u>		
Father's Name	<u>John S. Stonewall</u>		Father's Birthplace		<u>Park Mills</u>		
Mother's Maiden Name	<u>Rebecca Thomas</u>		Mother's Birthplace		<u>Park Mills</u>		
Name of person giving information	<u>Eugene Proctor</u>		How related to deceased		<u>Wife</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Syphilis</u>	How long	<u>6 weeks</u>
Immediate	<u>Heart failure</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>Benjamin</u>	
		Address	
		<u>Araby, Md.</u>	
Accident or Suicide?			



Name  
in  
Full

Alice C Raymer

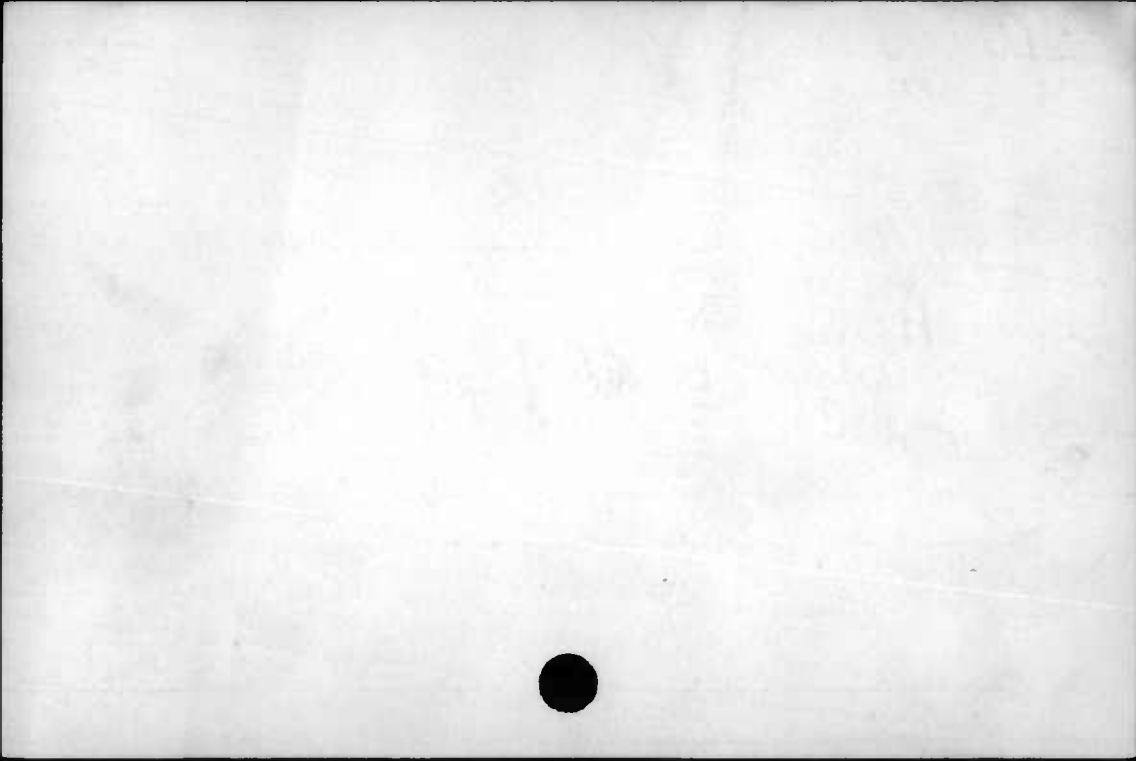
## CERTIFICATE OF DEATH

Died at		Town		County		State	
Middlestown		Frieda		Maryland			
Date	Month	Day	Age	Years	Months	Days	
of death	1908	8	13	—	9	13	
Sex	Female	Color or Race	White	Birth-place	Myersville		
Occupation	None		Where Residing if not at place of death		Middlestown		
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Homer A Raymer				Father's Birthplace	Unknown	
Mother's Maiden Name	Addie Runnberg				Mother's Birthplace	Middlestown	
Name of person giving information	Charter Runnberg				How related to deceased	Niece	

## CAUSES OF DEATH

105

PHYSICIAN OR CORONER	Primary	Cholera Infantum	How long	7 days
	Immediate	Toxemia	How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Yes		E. S. Beckley	
		Address		Middlestown
Accident or Suicide?		Died		



Name  
in  
Full

CERTIFICATE OF DEATH

*Georgianna Rideout*

Town

County

Died at *Fredericks*

*Fredericks*

MARYLAND

Date of death *1908*

Month

*8*

Day

*20*

Age

Years

*60*

Months

*—*

Days

*—*

Sex *Female*

Color or  
Race

*Black*

Birth-  
place

*Fredk. Co. Md*

Occupation

*House Wife*

Where Residing if not  
at place of death

*Same*

Married, Single  
or Widowed

*Married*

Name of ~~Wife~~ or  
Husband

*Chas. Edw. Rideout*

Father's  
Name

*John Freeman*

Father's  
Birthplace

*Md.*

Mother's  
Maiden Name

*Eliza Brown*

Mother's  
Birthplace

*W*

Name of person giving  
In formation

*G. E. Rideout*

How related  
to deceased

*Husband*

CAUSES OF DEATH

*64*

Primary

*Cholera*

How long

*One hour*

Immediate

*Paralysis of heart.*

How long

*x*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*Franklin Buchanan Smith*

Address

*Curt St. - Fredericks Md*

Accident or Suicide?

*---*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Interment Aug 22. 08

" at St. Johns.

Thomas P. Rice F.A.,

Dr F. B. Smith

Dr Mc Guesdy,

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant of Harry Rowe

Died at *Fredericks* TownCounty *Frederick*

MARYLAND

Date  
of death *1908*Month *8*Day *27*

Age

Years

Months

Days

Sex *Male*Color or  
Race*White*Birth-  
place*Fredericks*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*Harry Rowe*Father's  
Birthplace*Fredericks*Mother's  
Maiden Name*Bertha Moberly*Mother's  
Birthplace*"*Name of person giving  
In formation*Harry Rowe*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Premature Birth (dead)*

How long

*Immediate*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*W.P. Talbot, MD*  
*Frederick MD*

Address

Accident or Suicide?

*~~~~~*PHYSICIAN  
OR CORONER

Internment Aug 27 - 08  
" at Mt. Oligut

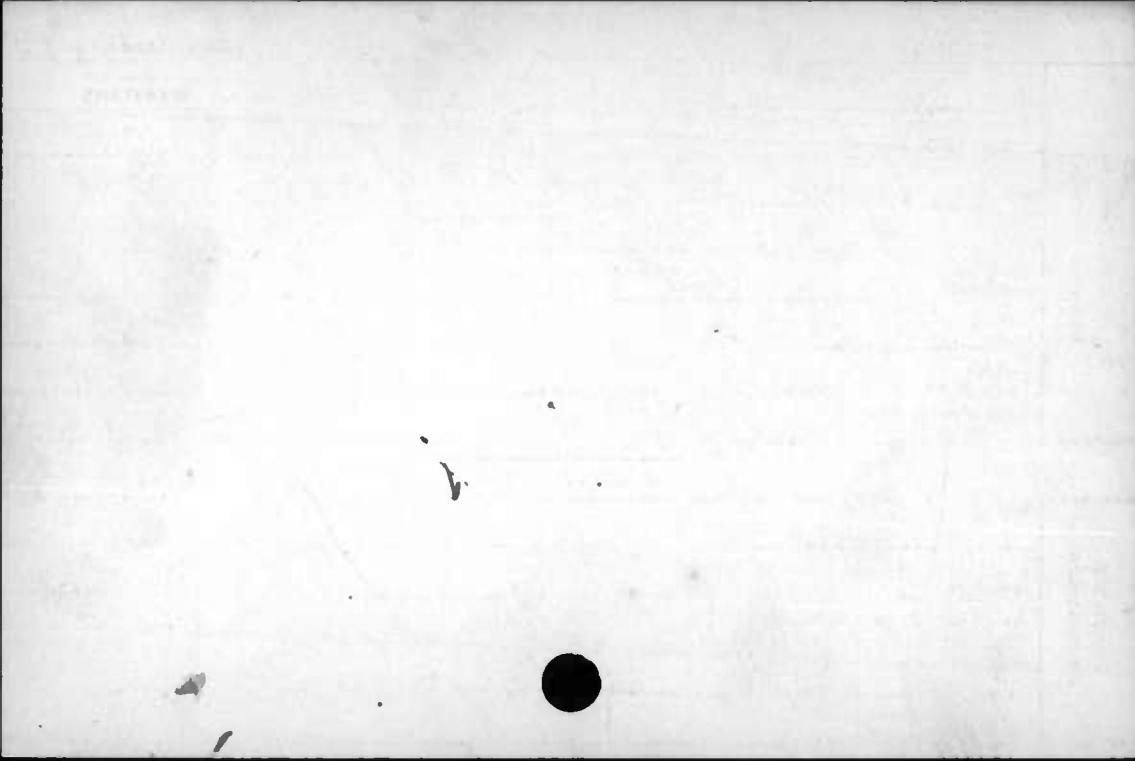
Thomas T. Rice F. O.

Dr. H. T. Fahney,

Dr. Mc Gurdy.



Name in Full <b>John Worthy Schrader</b>		CERTIFICATE OF DEATH	
Died at <b>Brunswick</b> Town		<b>Frederick</b> County	
Date of death <b>1908</b> Month <b>Aug</b> Day <b>24</b>		Age <b>2</b> Years <b>7</b> Months <b>7</b> Days	
Sex <b>Male</b>		Color or Race <b>White</b>	
Occupation <b>mur</b>		Birth-place <b>md</b>	
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <b>Ephraim Schrader</b>		Father's Birthplace <b>md</b>	
Mother's Maiden Name <b>Stella Stewart</b>		Mother's Birthplace <b>md</b>	
Name of person giving information <b>Ephraim Schrader</b>		How related to deceased <b>Father</b>	
CAUSES OF DEATH			
Primary <b>Marasmus</b>		How long <b>151</b>	
Immediate <b>Marasmus</b>		How long <b>6 weeks</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>A. H. Horner</b>	
		Address <b>Brunswick</b>	
		<b>md</b>	
Accident or Suicide?			



Name

in  
Full

Harriett E. Sewall

19

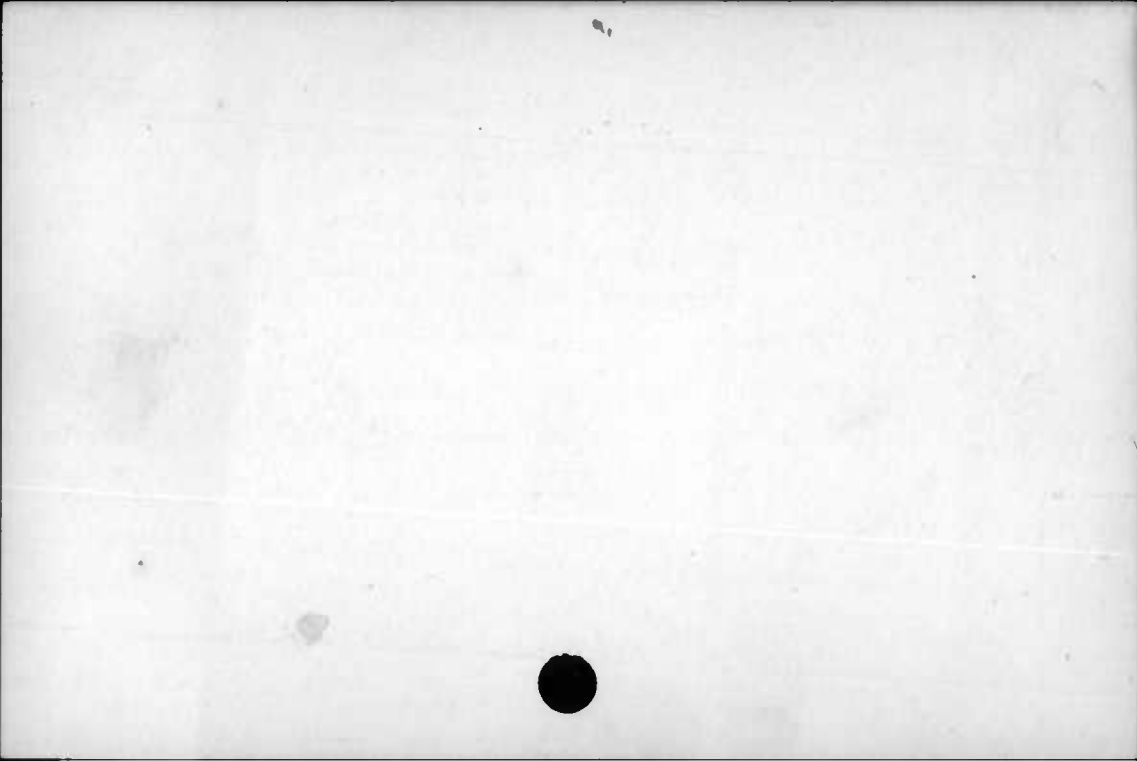
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near <i>Monrovia</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	1908	Month	Aug	Day	27	Age	65
Sex	Female	Color or Race	Black	Birth-place	Md		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	Nicholas Sewall				
Father's Name	unk			Father's Birthplace	unknown		
Mother's Maiden Name	unk			Mother's Birthplace	unknown		
Name of person giving information	Mrs. M. P. Wood			How related to deceased	not at all		

## CAUSES OF DEATH

Primary	Arterio-Sclerosis		How long	64	For years
Immediate	Apoplexy				
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	H. H. Hopkins M. D.
			Address	New Market	
Accident or Suicide?			no	Frank Co., Md	



Name  
in  
Full

Female Child of Edgord L. Sheffer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

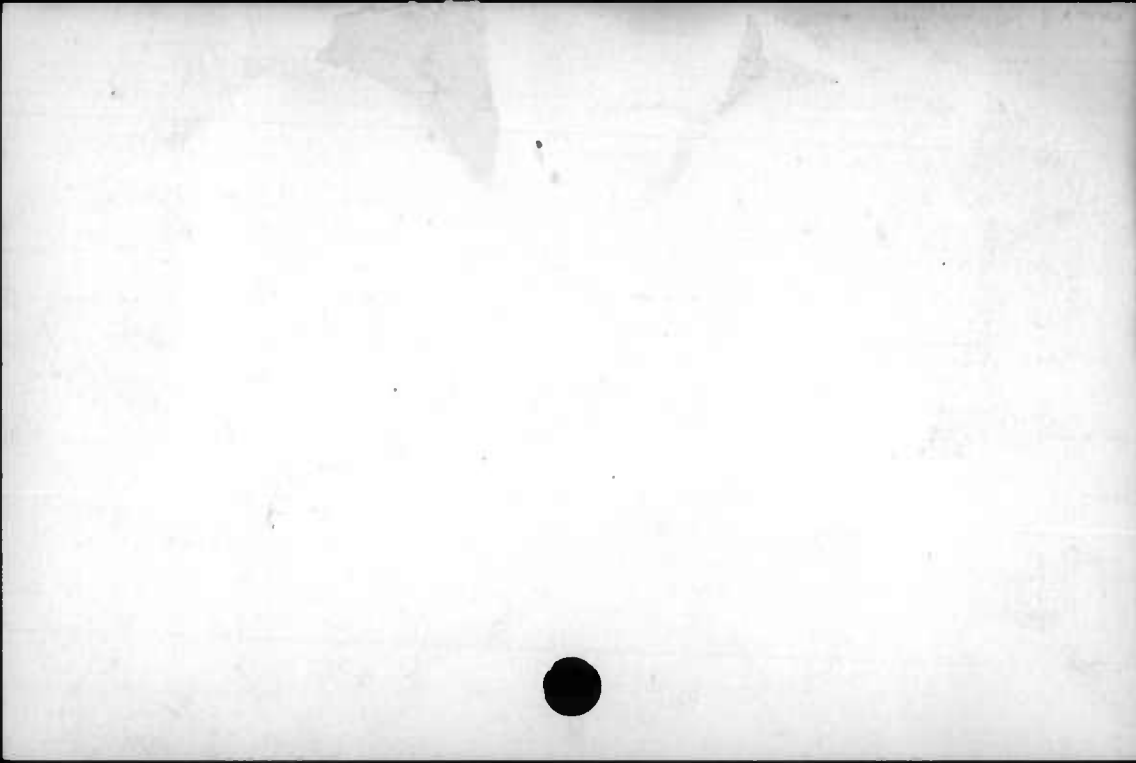
Died at <i>Bolover</i> <sup>Town</sup>		<i>Fredenricks</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1908 Aug</i>	Month	<i>23</i>	Day	<i>5</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Fredenck Co Md</i>
Occupation	<i>[Redacted]</i>		Where Residing if not at place of death <i>→</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>→</i>			
Father's Name	<i>Edgord L. Sheffer</i>			Father's Birthplace	<i>Fredenck Co Md</i>
Mother's Maiden Name	<i>Annie E. C. Derr</i>			Mother's Birthplace	<i>Fredenck Co Md</i>
Name of person giving information	<i>Edgord L. Sheffer</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Premature birth</i>	How long	<i>3 mo</i>
Immediate	<i>Transition</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. L. Buckley</i>
		Address	<i>Middletown Md</i>
Accident or Suicide?			



Name  
in  
Full

Albert Shepley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

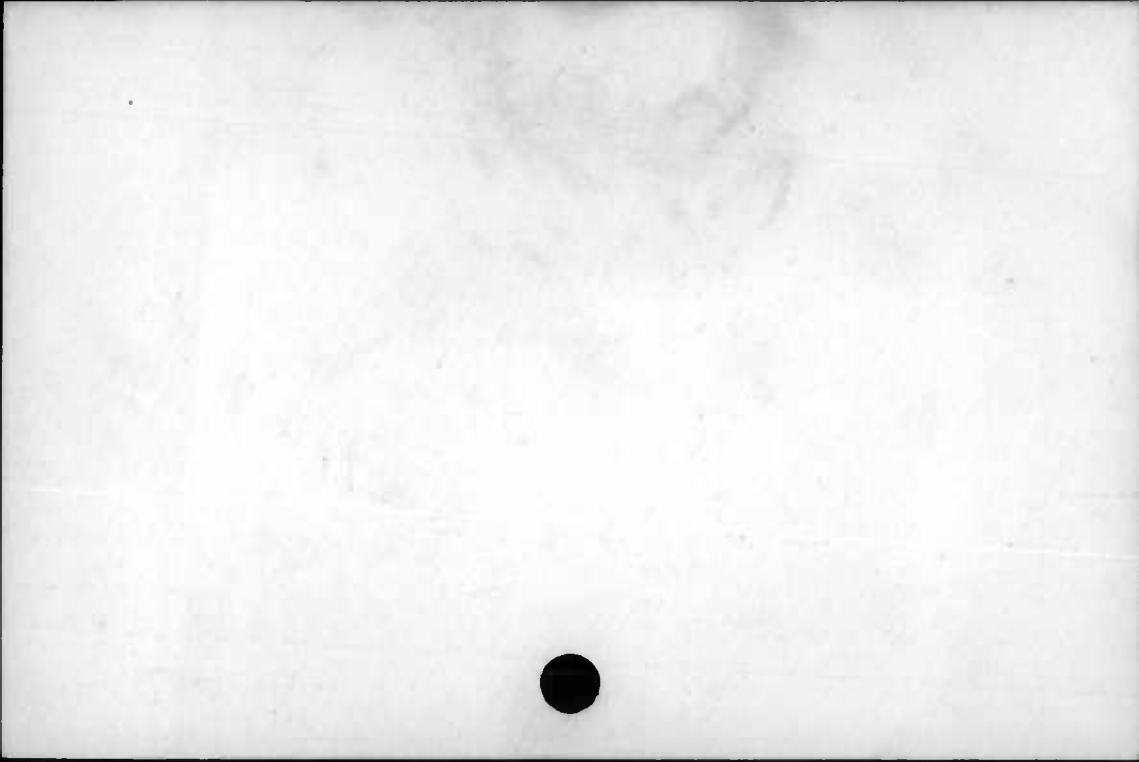
Died at <i>Myersville</i>		County <i>Frederick</i>		MARYLAND		
Date of death <i>1908</i>	Month <i>Aug.</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Pleasant Walk</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>Emmest Shepley</i>		Father's Birthplace <i>Ellertown</i>				
Mother's Maiden Name <i>Arlepha V. Dusing</i>		Mother's Birthplace <i>Pleasant Walk</i>				
Name of person giving information <i>Emmest Shepley</i>		How related to deceased <i>Father</i>				

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>5 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. H. Hoke M.D.</i>
	Address <i>Myersville Md.</i>
Accident or Suicide?	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Johnanna C. Siedling*

Died at *Frederick* <sup>Town</sup> *Frederick* <sup>County</sup> **MARYLAND**

Date of death **1908** <sup>Month</sup> *Aug* <sup>Day</sup> *4th* Age <sup>Years</sup> *79* <sup>Months</sup>  <sup>Days</sup>

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *H- wife* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *George Siedling*

Father's Name *Leont Known* Father's Birthplace *Germany*

Mother's Maiden Name *Leont Known* Mother's Birthplace *Germany*

Name of person giving information *Will Siedling* How related to deceased *Grandson*

CAUSES OF DEATH

**97**

PHYSICIAN  
OR CORONER

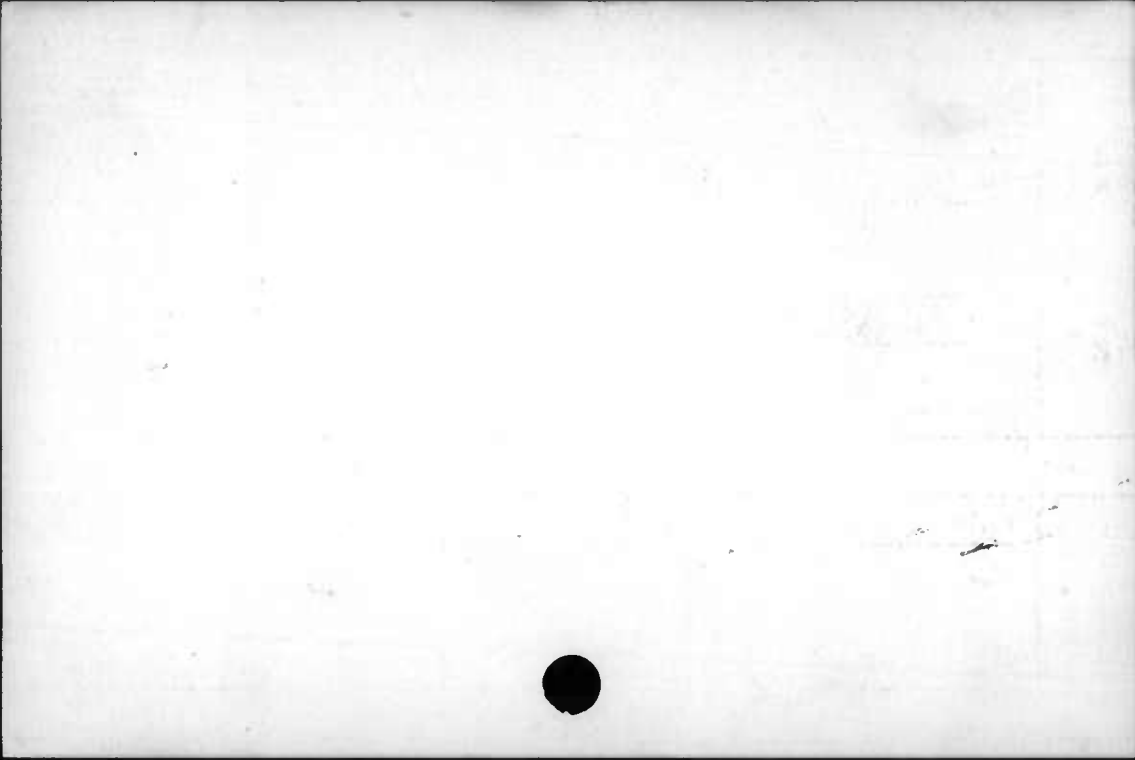
Primary *Chronic Bronchitis and Asthma* How long *6 months*

Immediate *Cardiac Paralysis* How long *Half Hour*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. H. Hedger* Address *Frederick*

Accident or Suicide?



Name  
in  
Full

Elizabeth Smith

## CERTIFICATE OF DEATH

MARYLAND

Died near Ladiesburg.

Frederick County

Date of death 1908 August 12 Age 81 Months 9 Days 19

Sex Female Color or Race White Birth-place Maryland

Married, Single or Widowed Widow Occupation none.

Name of Wife or Husband Peter Smith, Decd

Father's Name Abraham Siehl

Father's Birthplace Maryland

Mother's Maiden Name Hannah Shriver

Mother's Birthplace Maryland

Name of person giving information Mrs. Jennie Siehl

How related to deceased Sister in law

## CAUSES OF DEATH

66

Primary Hemiplegia  
Immediate Coma.How long Two months  
How long 2 days.

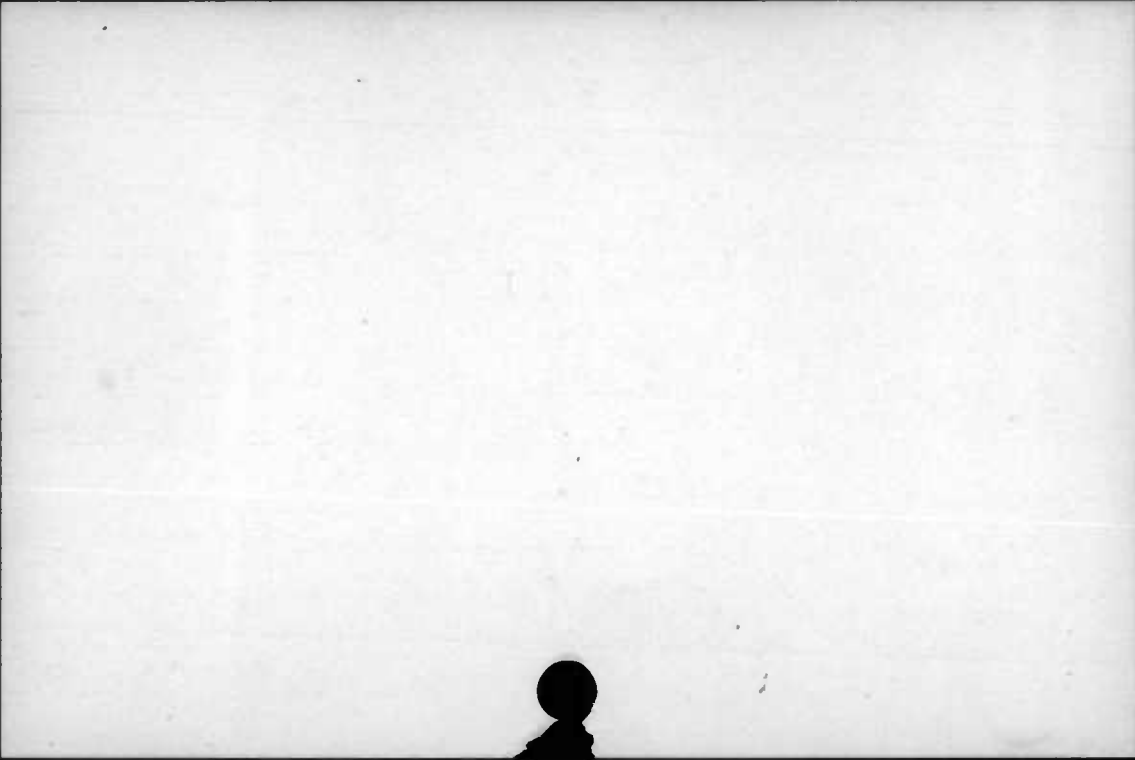
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John J. Liggett, M.D.

Address Ladiesburg, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Daniel H. Steiner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

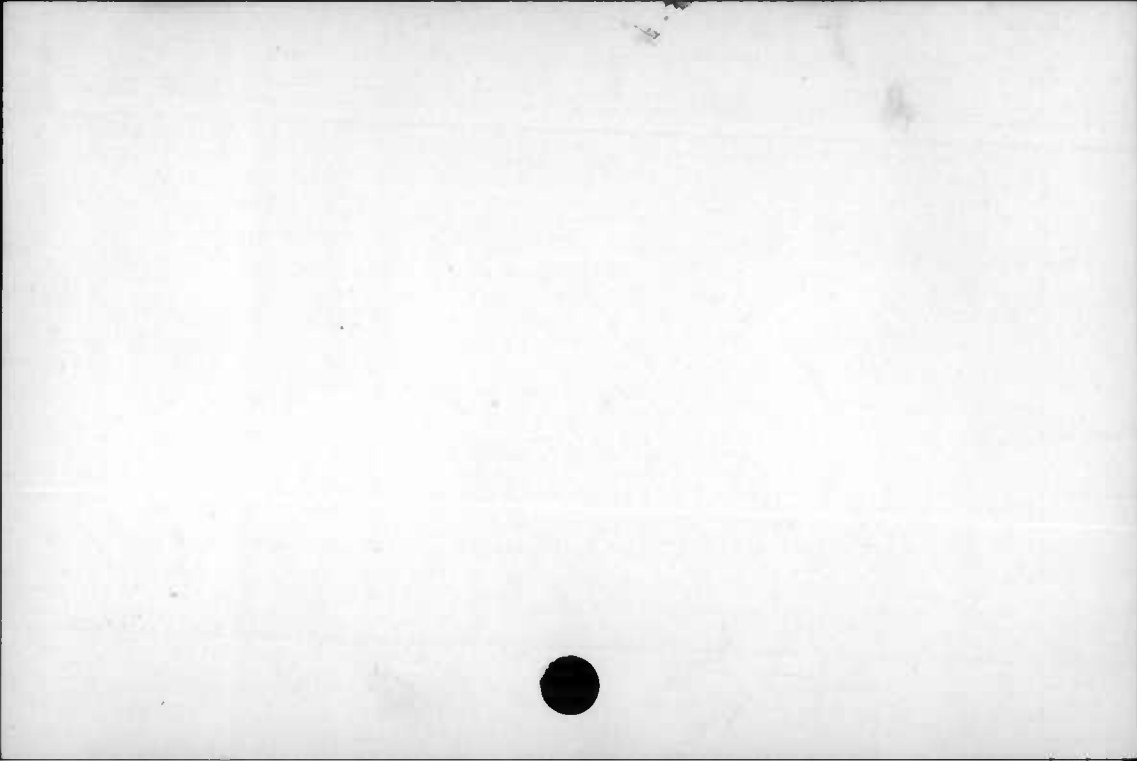
Died at <i>Bradrich</i> <sup>Town</sup> <i>Bradrich</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	Aug.
	Day	3 <sup>rd</sup>	Age
	Years	47	Months
		3	Days
Sex	Male	Color or Race	White
Occupation	Druggist	Birth place	<i>Bradrich</i>
Where Residing if not at place of death		<i>at place of death</i>	
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	<i>Henry C. Steiner</i>	Father's Birthplace	<i>Med.</i>
Mother's Maiden Name	<i>Ann Elizabeth Rohr</i>	Mother's Birthplace	<i>Med.</i>
Name of person giving information	<i>Harry R. Steiner</i>	How related to deceased	<i>Brother</i>

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>6 1/2 hours</i>
Immediate	<i>Apoplexy</i>	How long	<i>30 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>L. L. Haggerty</i>
		Address	<i>Bradrich, Med.</i>



Name  
in  
Full

Still Born Infant of John Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1908	Month 8	Day 8	Age —	Years —	Months —	Days —
Sex		Color or Race <i>White</i>			Birth- place <i>Frederick</i>		
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name		<i>John Stewart</i>				Father's Birthplace <i>Frederick</i>	
Mother's Maiden Name		<i>Mary Hoffman</i>				Mother's Birthplace <i>Frederick</i>	
Name of person giving In formation		<i>Her Stewart</i>				How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>7 mos</i>
Immediate	<i>✓</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>C. F. Goodell. M.D.</i>
		Address	<i>Frederick</i>
Accident or Suicide?			

Interment at Mt Olivet

" Aug 8 - 08

Thomas P. Rice F.D.

Dr. Goodell.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Lydia Eliza Stockman

Town

County

MARYLAND

Died at

Mount Airy

Frederick

Date

1905

Month

Aug

Day

4

Years

69

Months

Days

of death

Sex

Female

Color or  
Race

white

Birth-  
place

Md.

Occupation

House wife

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Philip Stockman

Father's  
Name

Jonathan Keller

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Md.

Name of person giving  
Information

M. R. Elchysie

How related  
to deceased

Wife

## CAUSES OF DEATH

164

Fall in garden, falling  
head on sidewalk

Primary

Fracture-dislocation of hip

How long

5 or 6 days

Immediate

Shock

How long

above

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

T. Clyde Routon

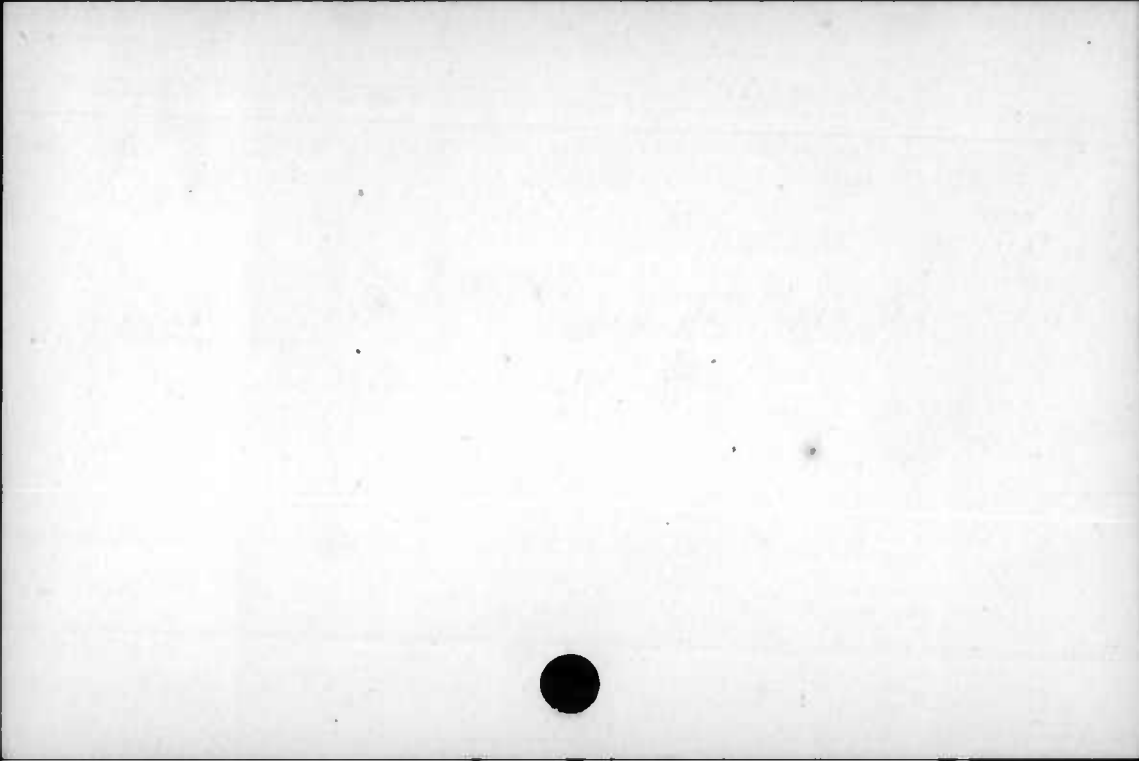
Address

Buckeys town

Accident or Suicide?

Accident

PHYSICIAN  
OR CORONER



Name  
in  
Full

W C Strailman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

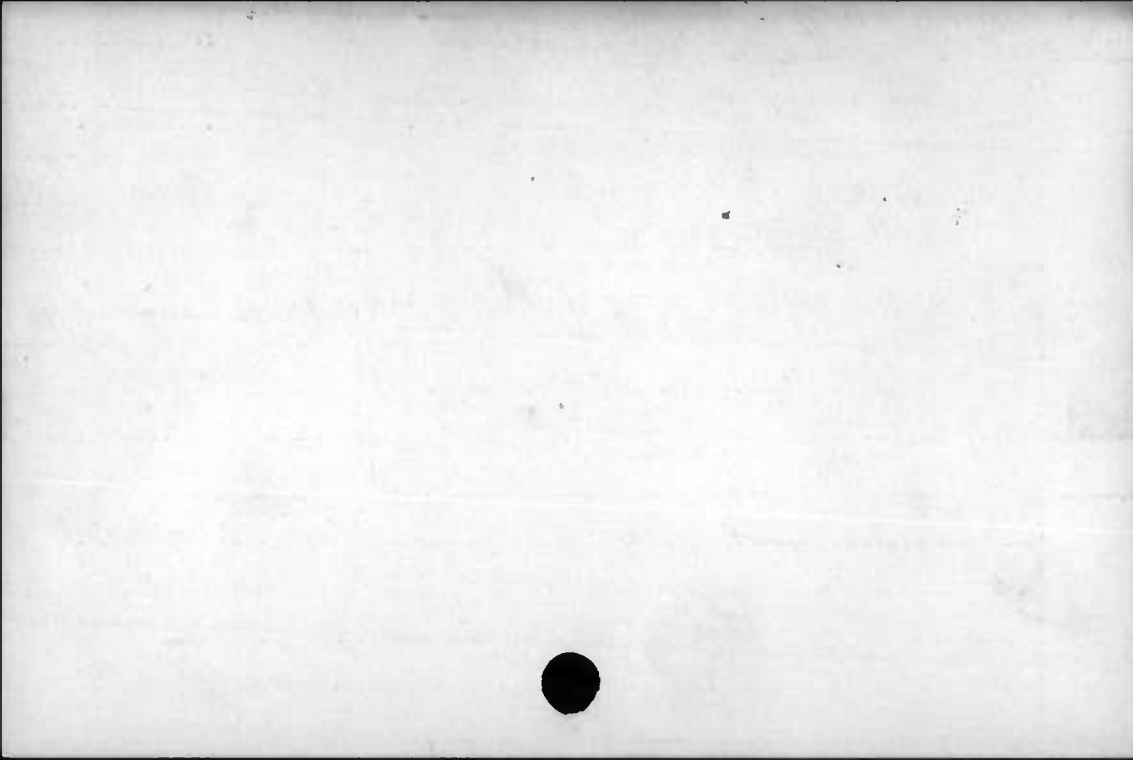
Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		1908	Month Aug	Day 15	Years 60	Months 6	Days 21
Sex Male		Color or Race White		Birth- place Md			
Occupation R R Employee		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Margaret Keins					
Father's Name Henry Strailman		Father's Birthplace Md					
Mother's Maiden Name Wilson		Mother's Birthplace Md					
Name of person giving Information Mrs Strailman		How related to deceased wife					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Nephritis	How long	6 days
Immediate	Coma & Convulsions	How long	2 days +
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Address Brunswick Md.	
Accident or Suicide?			



Name  
in  
Full

In Name *Walker*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

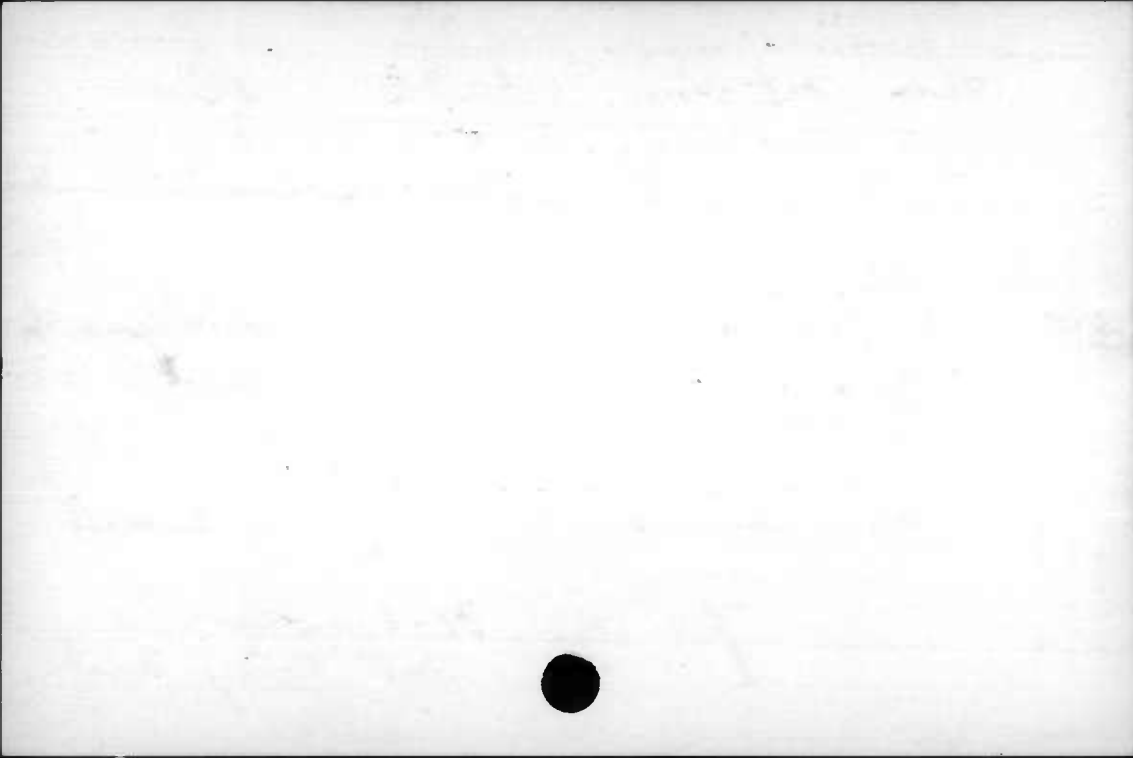
Died at <i>near Mt Airy</i>		County <i>Fredk</i>	
Date of death <i>1908</i>	Month <i>Aug</i>	Day <i>2</i>	Age <i>—</i>
Sex <i>male</i>		Color or Race <i>White American</i>	Birth-place <i>near Mt Airy Md</i>
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Wm A Walker</i>	Father's Birthplace <i>Montgomery Co</i>		
Mother's Maiden Name <i>Laura A Day</i>	Mother's Birthplace <i>Fredk Md</i>		
Name of person giving information <i>Wm A Walker</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>1 month</i>
Immediate <i>Marasmus</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. Gaves</i>
	Address <i>Mt Airy Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

George Wm. Bryan Walker

Died at near Mt Airy Fredk County

Date of death 1908 Aug 5 Age — Months 2 Days 15

Sex male Color or Race White American Birth-place near Mt Airy Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Wm A. Walker Father's Birthplace Huntzberg Md

Mother's Maiden Name Laura A. Day Mother's Birthplace Fredk Md

Name of person giving information Wm A Walker How related to deceased Father

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

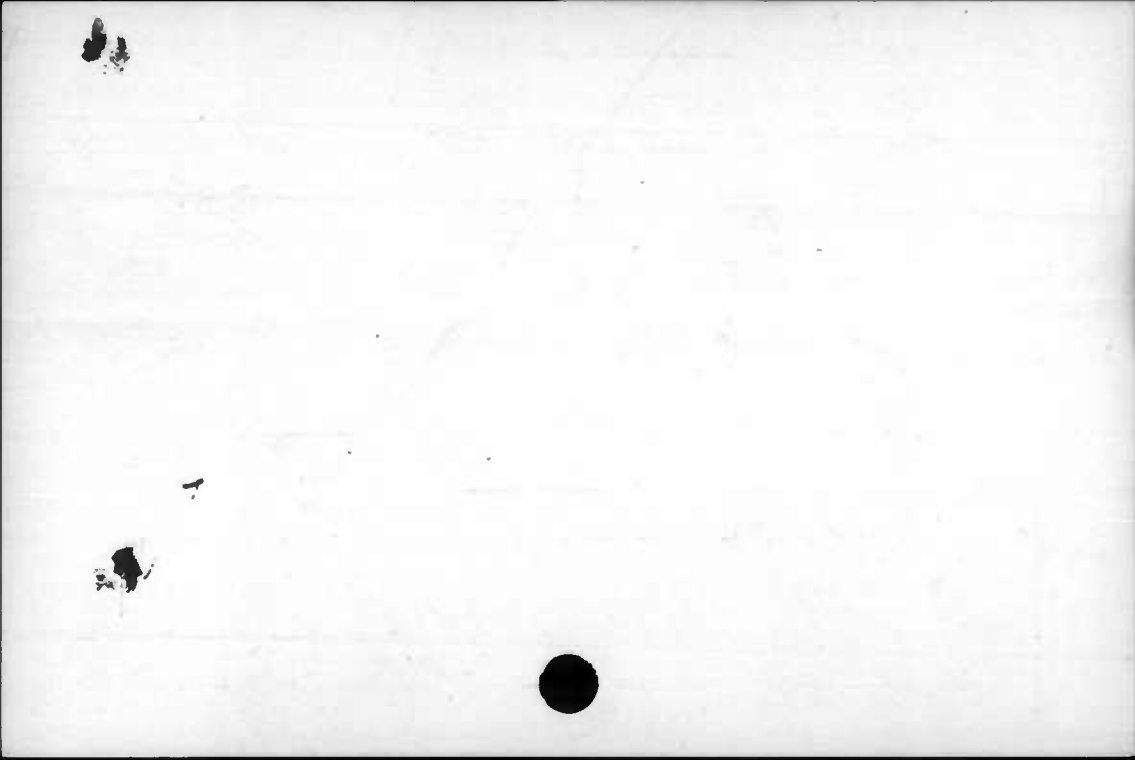
Primary Marasmus How long 1 month

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. E. Gaver Address Mt Airy Md

Accident or Suicide? —





Name

in  
Full

## CERTIFICATE OF DEATH

Mary Washington

Town

County

MARYLAND

Died at

Brunswick

Frederick

Date

Month

Day

Years

Months

Days

of death

1908

Aug

24

Age

8

1

10 ±

Sex

Female

Color or  
Race

Colored

Birth-  
place

Petersville, Md.

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John Washburn (deceased)

Father's  
Birthplace

Montgomery Co.

Mother's  
Maiden Name

Anna M. Hardy

Mother's  
Birthplace

Frederick Co.

Name of person giving  
Information

Louis E. Hardy

How related  
to deceased

Grandfather

## CAUSES OF DEATH

36

Primary

Possibly Hereditary Syphilis (✓)

How long

3 years

Immediate

Do not know

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

C. H. R. C. C. M. D.

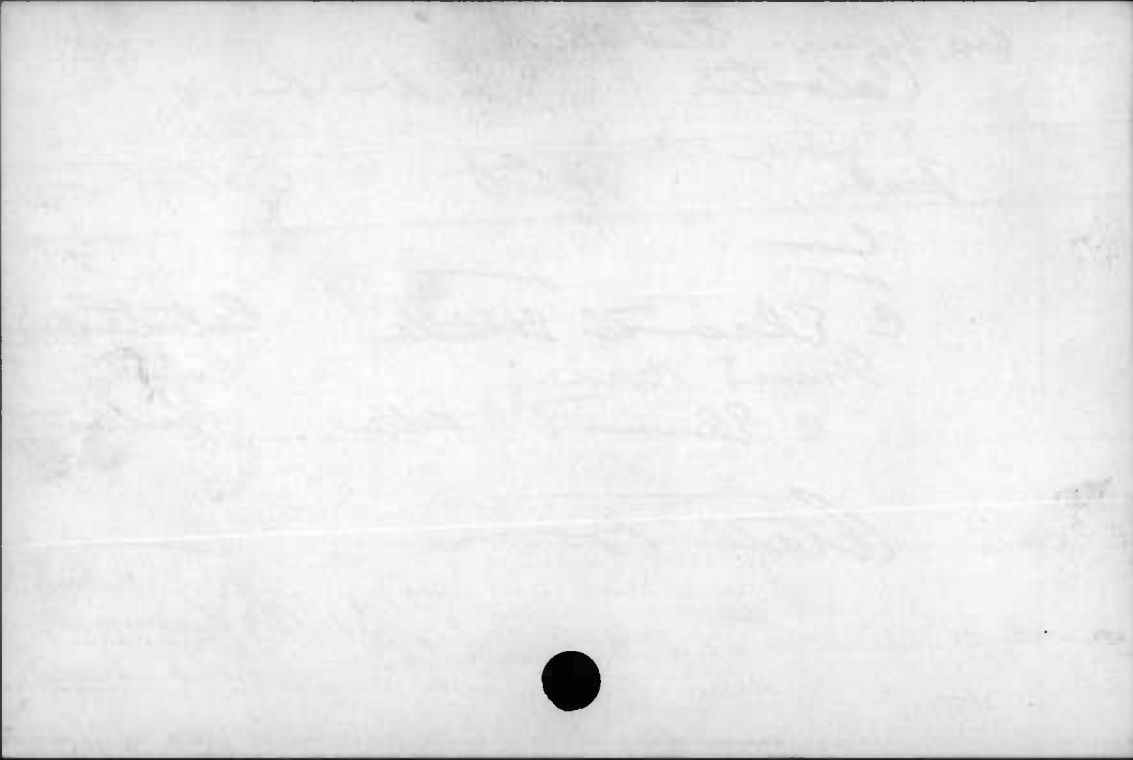
Address

Brunswick.

Accident or Suicide?

Not known for sex records not seen

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

In name. Still born Weddle.

## CERTIFICATE OF DEATH

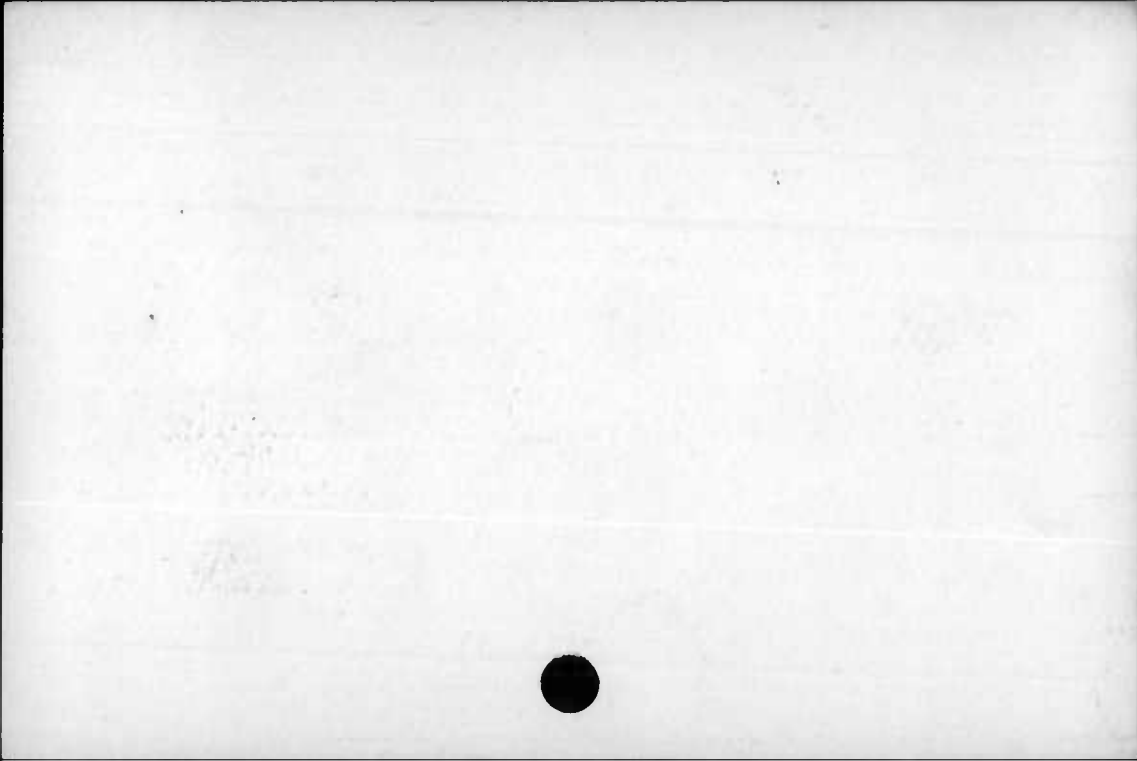
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		July	21	Age	Still born		
Sex	Male	Color or Race		White		Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		C Eleonora Weddle				Father's Birthplace	
Mother's Maiden Name		Maude Price				Mother's Birthplace	
Name of person giving information		C Eleonora Weddle				How related to deceased	
						Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still born	How long	(S)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		E. C. Hoffman.	
		Address	
		Shurmont Ind.	
Accident or Suicide?			



Name  
in  
Full

Mary Virginia Whitten

## CERTIFICATE OF DEATH

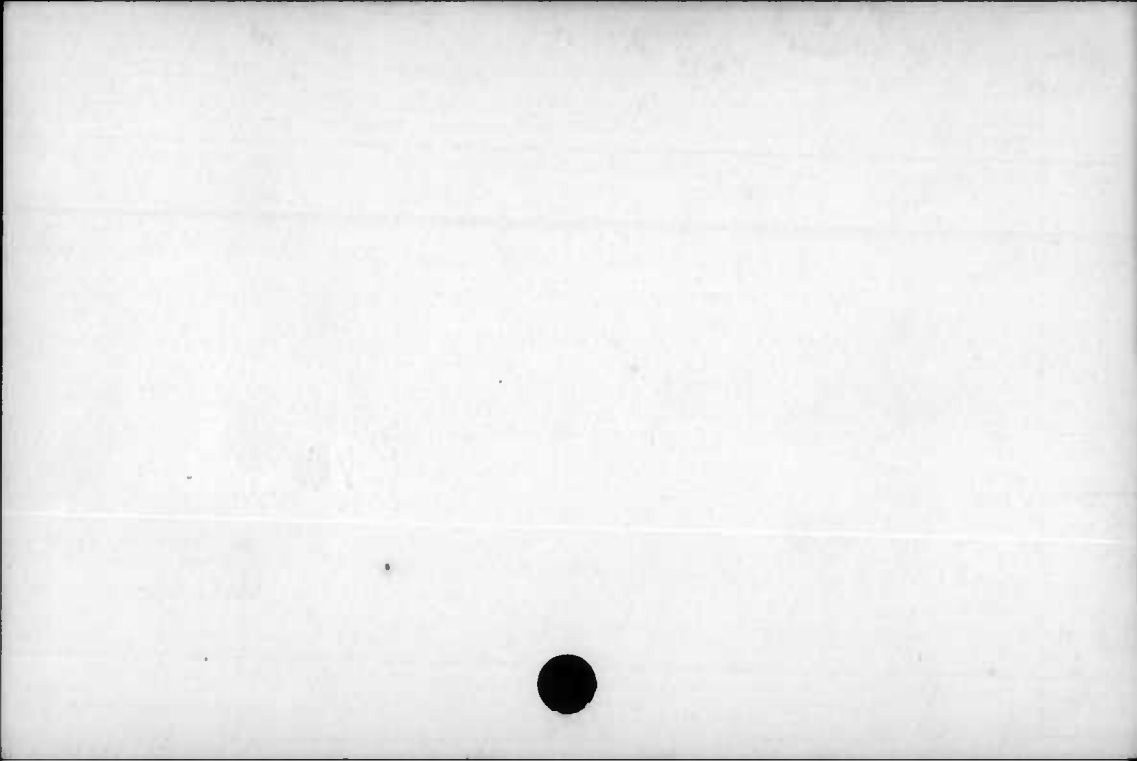
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Ogden		County Frederick		MARYLAND		
Date of death		1908	Month Aug.	Day 22	Age 5-1	Years	Months —	Days —
Sex Female		Color or Race Negro		Birth-place Md.				
Occupation House wife		Where Residing if not at place of death Same						
Married, Single or Widowed Married		Name of Wife or Husband John Whitten						
Father's Name Hillery Bruce		Father's Birthplace Md.						
Mother's Maiden Name Hopewell		Mother's Birthplace Md.						
Name of person giving information Mary Fraser		How related to deceased Aunt						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dysentery, Fever	How long	4 or 5 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		T. Clyde Rounton	
Address		Buckeye town	
Accident or Suicide?		—	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Loretta young</i> <i>Middleton</i> <sup>Town</sup> <i>Pied</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908 Aug</i> Month <i>8</i> Day <i>5</i> Age <i>56</i> Years Months <i>9</i> Days <i>21</i>	Sex <i>female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>
Occupation <i>House m/c</i>		Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband <i>Daniel D young</i>		
Father's Name <i>Robert Smith</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Rebecca</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Klida young</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

How long ✓

Immediate *Malas mnd*

How long ✓

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. M. Fleet*Address *Undertaker*

Accident or Suicide?

